

**Morris Township Health Department  
50 Woodland Avenue, P.O. Box 7603  
Convent Station, NJ 07961 - (973) 326-7390**

<b>Office Use Only:</b>
Date Issued: _____
Date Expired: _____
Fee: _____
License #: _____

**APPLICATION FOR 2008 FOOD ESTABLISHMENT LICENSE**

**TYPE OF ESTABLISHMENT (CHECK ONE):**

- |                                                    |                                         |                                      |
|----------------------------------------------------|-----------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bakery                    | <input type="checkbox"/> Coffee Shop    | <input type="checkbox"/> Restaurant  |
| <input type="checkbox"/> Butcher                   | <input type="checkbox"/> Church Kitchen | <input type="checkbox"/> Supermarket |
| <input type="checkbox"/> Cafeteria - Industrial    | <input type="checkbox"/> Delicatessen   | <input type="checkbox"/> Tavern      |
| <input type="checkbox"/> Cafeteria - Institutional | <input type="checkbox"/> Grocery Store  | <input type="checkbox"/> Other       |
| <input type="checkbox"/> Cafeteria - School        | <input type="checkbox"/> Mobile Vendor  | Specify: _____                       |

Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Sq. Footage of establishment including storage areas: \_\_\_\_\_

Name(s) of Owner(s): \_\_\_\_\_

Address of Principal Owner(s): \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

**ESTABLISHMENT FEE SCHEDULE**

Less than 2,000 Sq. Feet	<b>\$100.00</b>
2,000 to 5,000 Sq. Feet	<b>\$150.00</b>
5,000 to 10,000 Sq. Feet	<b>\$250.00</b>
Greater than 10,000 Sq. Feet	<b>\$500.00</b>
Temporary Food Establishments - One Day Event	<b>\$ 25.00</b>
Temporary - Two through Five Day Event	<b>\$ 50.00</b>
Mobile Restaurants / Caterers - Each Vehicle	<b>\$100.00</b>

Is the establishment a non-profit organization? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, applicant may request a waiver of the license fee by attaching a letter requesting a waiver of the fee.

**In making this application, I hereby agree to conduct the operation of the food establishment in conformance with the provisions of Chapter XXIV of the New Jersey Sanitary Code and the Code of the Township of Morris.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Please Print Name & Title