



Kearny Health Department  
 645 Kearny Avenue  
 Kearny, New Jersey 07032  
 (201) 997-0600, Fax (201) 997-9703  
 Website: <http://www.kearnynj.org>  
 Kenneth Pincus  
 Director/Health Officer

**LICENSE APPLICATION**

**I hereby make application for the following license:**

- |                                                                                    |                                                                  |
|------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Annual Retail Food License - \$100.00 <i>or</i> \$200.00* | <input type="checkbox"/> Pool License - \$200.00                 |
| <input type="checkbox"/> Temporary Food Vendor- \$20.00**                          | <input type="checkbox"/> Non-profit food establishments -\$20.00 |
| <input type="checkbox"/> Food Vending Machine License - \$25.00                    | <input type="checkbox"/> Pet Shop- \$50.00                       |
| <input type="checkbox"/> Mobile Food Vehicle License- \$250.00                     |                                                                  |

\*\$100 – for annual retail food establishments under 5,000 sq. feet *or* \$200.00 – for annual retail food establishments 5,000 sq. feet or more.

\*\*A temporary food vendor application must be received no later than 5 (five) business days prior to the event (see page 2).

**Business Owner:**

**Please be advised that all licenses EXPIRE annually on May 31st.**

It is the responsibility of each business owner to be aware of the license requirements and follow up accordingly. **All licenses must be renewed prior to June 30<sup>th</sup> of the applicable licensing year.**

**Trade Name & Trade Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Establishment info: Telephone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**E-mail Address (REQUIRED):** \_\_\_\_\_

**Owner(s) Name & Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Driver License #** \_\_\_\_\_

**Owner information: Telephone # (Home)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**Fax #** \_\_\_\_\_

It is understood that such license is non-transferable, non-refundable and is granted for the period designated on the license. Furthermore, the license may be revoked upon violation of any pertinent requirements of the Board of Health and/or the laws of the State of New Jersey. I attest that that all of the information furnished in this application is true.

APPLICANT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICANT PRINTED NAME: \_\_\_\_\_

**OFFICE USE ONLY**

Signature of Inspector/Reviewed and Approved by: \_\_\_\_\_

Fee: \_\_\_\_\_ Late fee: \_\_\_\_\_ Cash/Check # \_\_\_\_\_ License # \_\_\_\_\_ Date issued: \_\_\_\_\_

Comments: \_\_\_\_\_

**VITAL INFORMATION SURVEY**

Name(s) and of person(s) who attended Food Handlers Training Course & date of certification: (current food handler certification). Please include a copy. \_\_\_\_\_  
\_\_\_\_\_

**Name, Address & Telephone #** of the following service providers (If applicable):

Exterminator: \_\_\_\_\_

Cooking Oil Waste Hauler: \_\_\_\_\_

Solid Waste (garbage) Contractor: \_\_\_\_\_

If applicable, ventilation hood cleaning contractor: \_\_\_\_\_

\*\*\*This Department must be notified of any change of application, exterminator, ownership, plans for renovation or any flood, fire or power outage.

\*\*\*Reminder to all stores selling tobacco: Sale to anyone under the age of 19 years of age, is strictly prohibited and will be enforced. You may receive a summons and fine for selling tobacco to anyone under 19 years old.

**TEMPORARY/MOBILE FOOD VENDOR INFORMATION**

(If applicable)

Event location(s): \_\_\_\_\_ Event Date(s): \_\_\_\_\_ Vehicle license plate # \_\_\_\_\_

Complete food and/or beverage list (please include a sketch of the stand floor plan):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location where food is stored: \_\_\_\_\_ Location where food is purchased: \_\_\_\_\_

How many trucks/stands will you be operating? \_\_\_\_\_ Where is the truck cleaned? \_\_\_\_\_

Foods will be prepared (check one): On Site       **-or-** Commercial location (specify) \_\_\_\_\_

I will keep hot foods above 135 degrees F by the following method: \_\_\_\_\_

I will keep cold foods frozen or below 41 degrees F by the following method: \_\_\_\_\_

The following regulations will be strictly enforced: *Failure to adhere to them will result in rejection of your license and court summons:*

1. All Regulations of Chapter 24 N.J. State Sanitary Code will be complied with.
2. No truck will be permitted to operate from a stationary location or a congested area. **YOU MUST SELL AND MOVE ON!**
3. No truck shall operate within 200 feet of an existing store selling the same or similar products.
4. All vendors who park on private property must obtain written permission of the owner and file a copy with the KEARNY HEALTH DEPARTMENT.
5. Must comply with any other State of Local Ordinances pertaining to your business.