



TEANECK HEALTH DEPARTMENT
818 TEANECK ROAD
TEANECK, NJ 07666
(201) 837-1600 Ext. 1500

**RETAIL FOOD ESTABLISHMENT (2024)
LICENSE APPLICATION – Expire December 31st. Not Transferrable**

TRADE NAME _____

(ANY CHANGE IN BUSINESS OWNERSHIP OR NAME, MUST BE REPORTED TO THE ZONING OFFICER)

ADDRESS _____ TELEPHONE # _____

FAX # _____ E-MAIL _____

SEATING CAPACITY _____ FEE \$ _____

CORPORATION NAME/ADDRESS (if applicable) _____

EXTERMINATOR SERVICE _____ GARBAGE COLL. _____

VEHICLE (if applicable) TYPE _____ LIC. PLATE _____

*** COPY OF CURRENT FOOD HANDLER CERTIFICATE PROVIDED _____

*** COPY OF CURRENT SUSHI PLAN PROVIDED (if applicable) _____

MANAGEMENT/OWNERSHIP

OWNER _____ H-PHONE _____

HOME ADDRESS _____

- In consideration of such license, applicant agrees to comply at all times with the statutes, ordinances, rules & regulations of NJ Department of Health and the Township of Teaneck.
- Applicant further agrees to permit the representative of the Teaneck Health Dept., to collect for examination any food or product intended for human consumption, on the premises.
- Applicant further agrees immediately to advise the Teaneck Health Dept., of any contemplated change that pertains to the information on this application.
- License, if granted, is upon express condition of forfeiture or revocation of license, if the license, his agent or servant shall violate the agreements set forth herein.

Application and appropriate fee must be received by January 31, 2024 to avoid any penalties and/or fines. (Cash/MO/Check – payable to the Township of Teaneck) – For online submissions, please visit our website at www.teanecknj.gov – Departments/Health/SDL Electronic Forms.

LATE FEE FEE DOUBLES FEBRUARY 1st - TRIPLES MARCH 1st (FOR EXISTING OWNERS)**

LICENSE # _____ DATE OF ISSUE _____