



CITY OF ELIZABETH
CITY OF ELIZABETH, NEW JERSEY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
50 Winfield Scott Plaza, Elizabeth, NJ 07201-2462
Phone (908) 820-4056 Fax (908) 820-4718

INSP: _____

J. CHRISTIAN BOLLWAGE
MAYOR

MARK S. COLICCHIO
HEALTH OFFICER

LICENSE YEAR 20____-20____
APPLICATION TO CONDUCT A RETAIL FOOD ESTABLISHMENT

The undersigned does hereby make application for a license to conduct a food and/or beverage establishment in Elizabeth, New Jersey.

PLEASE PRINT

Type of Establishment: _____

Business Name: _____

Business Address: _____

Owner Name: _____

Operator Name: _____

Email _____ TAX ID _____

Do you sell milk? [] Yes [] No Number of food handlers employed: Male _____ Female _____

Do you have public bathrooms? _____ Men's _____ Women's _____

If food or beverage is consumed on the premises, designate seating capacity _____

All others designate square footage of premises _____

If alcohol is consumed or sold, do you have the "Alcohol and Pregnancy" warning posted? [] Yes [] No

Do you have No Smoking and Exit Signs posted? [] Yes [] No

All establishments must provide restrooms for all customers in need of such facilities.

Granting of this License requires compliance with all the applicable Ordinances of the City of Elizabeth and the Laws of the State of New Jersey covering such establishments. **It is further agreed that this License will be surrendered to the City of Elizabeth on demand for just and valid cause.**

Name of Applicant: _____

Signature: _____

Home Address: _____

Home Telephone: _____ Business Telephone: _____

F&B Fee _____	Milk Fee _____	Total _____	Cash []	Check []	Money Order []
Rec. By _____	Date _____	Receipt # _____			