

BOROUGH OF TETERBORO

HEALTH DEPARTMENT
510 ROUTE 46 WEST
TETERBORO, NEW JERSEY 07608
HEALTH LICENSE APPLICATION

COMPLETE ALL THAT APPLY AND SIGN BOTTOM:

RETAIL FOOD ESTABLISHMENT: \$25.00
(CAFETERIA, RESTAURANT, ETC.)

ESTABLISHMENT NAME: _____

OWNER: _____

ADDRESS: _____

PHONE NUMBER: _____

MOBILE VENDOR: \$25.00

BUSINESS NAME: _____

OWNER: _____

OPERATOR/DRIVER: _____

ADDRESS: _____

PHONE NUMBER: _____

LICENSE PLATE # _____

BASE OF OPERATION: _____

VENDING MACHINE: \$10 PER MACHINE

VENDOR: _____

VENDOR ADDRESS: _____

VENDOR PHONE # _____

MACHINE LOCATION: _____

CIRCLE TYPE OF MACHINE:

_____	BEVERAGE	SNACK	PREPARED FOODS
_____	BEVERAGE	SNACK	PREPARED FOODS
_____	BEVERAGE	SNACK	PREPARED FOODS
_____	BEVERAGE	SNACK	PREPARED FOODS
_____	BEVERAGE	SNACK	PREPARED FOODS
_____	BEVERAGE	SNACK	PREPARED FOODS
_____	BEVERAGE	SNACK	PREPARED FOODS
_____	BEVERAGE	SNACK	PREPARED FOODS
_____	BEVERAGE	SNACK	PREPARED FOODS
_____	BEVERAGE	SNACK	PREPARED FOODS

{ATTACH LIST FOR ANY ADDITIONAL MACHINES}

TOTAL NUMBER OF MACHINES: _____ X \$10.00 = \$ _____

MAKE CHECKS PAYABLE TO: THE BOROUGH OF TETERBORO

CERTIFICATION AND AGREEMENT: I do hereby agree to comply at all times with the rules and regulations of the Borough of Teterboro. I certify that the foregoing information provided by me is true and complete to the best of my knowledge, and understand that any willfully false statement is sufficient cause for rejection of this application, or, if a license has been issued, for the termination of the license period. ANY ALTERATION OR ADDITION MUST BE APPROVED BY THE HEALTH DEPARTMENT. Licenses are NOT transferrable.

PRINT NAME: _____ SIGNATURE: _____