

**BOROUGH OF TETERBORO  
HEALTH DEPARTMENT  
510 ROUTE 46 WEST  
TETERBORO, NJ 07608  
HEALTH LICENSE APPLICATION**

**DELICATESSENS, LUNCHEONETTES, RESTAURANTS,  
BAKERIES, ICE REAM SHOPS, CAFETERIAS, GROCERY STORES      **\$100.00****

ESTABLISHMENT NAME: \_\_\_\_\_  
OWNER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

**SUPERMARKETS      **\$250.00****

ESTABLISHMENT NAME: \_\_\_\_\_  
OWNER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

**RESTAURANTS WITH BAR      **\$150.00****

ESTABLISHMENT NAME: \_\_\_\_\_  
OWNER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

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 \_\_\_\_\_