

**Morris Township Health Department
50 Woodland Avenue, P.O. Box 7603
Convent Station, NJ 07961
973- 326-7390 or Fax# 973-326-1133**

Office Use Only:
Date Issued: _____
Date Expired: _____
Fee: _____
License #: _____

APPLICATION FOR FOOD ESTABLISHMENT LICENSE

Name of Establishment: _____

Address of Establishment: _____

Phone #: _____ Email Address: _____

Sq. Footage of establishment including storage areas: _____

Name(s) of Owner(s): _____

Address of Principal Owner(s): _____

Phone #: _____ Fax#: _____

Seating Capacity: _____ Number of Employees: _____

ESTABLISHMENT FEE SCHEDULE

Less than 2,000 Sq. Feet	\$100.00
2,000 to 5,000 Sq. Feet	\$150.00
5,000 to 10,000 Sq. Feet	\$250.00
Greater than 10,000 Sq. Feet	\$500.00
Temporary Food Establishments - One Day Event	\$ 25.00
Temporary - Two through Five Day Event	\$ 50.00
Mobile Restaurants / Caterers - Each Vehicle	\$100.00

Is the establishment a charitable organization? (IRS 501(c)3) YES: _____ NO: _____

If yes, applicant may request a waiver of the license fee by attaching a letter requesting a waiver of the fee.

In making this application, I hereby agree to conduct the operation of the food establishment in conformance with the provisions of Chapter XXIV of the New Jersey Sanitary Code and the Code of the Township of Morris.

Signature of Applicant

Please Print Name & Title