

Township of Livingston
Health Department
204 Hillside Avenue
Livingston, NJ 07039



Louis E. Anello, Director
Health Officer
Phone: 973-535-7961
Fax: 973-535-3234

FOOD LICENSE APPLICATION

OFFICE USE: _____ License Application

Business Name: _____ Tel. #: _____

Address: _____
(Street) (Town) (Zip)

Owner: _____ Corporation: _____
(Name) (Name) (President)

Address: _____
(Street) (Town) (Zip)

Business Fax #: _____ Emergency Tel. #: _____

Corporate Tel. #: _____ E-mail Address: _____

I hereby certify that the following information
supplied in this application is true and correct: _____

(Signature / Title)

(Date)

CHECKS PAYABLE TO:

TOWNSHIP OF LIVINGSTON

***** FILL OUT BOTH PAGES OF APPLICATION *****

OFFICE USE ONLY

Type License	License No.	Fee	Approved By	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TYPE OF LICENSE

FOOD LICENSE

Public Eating:	\$175.00	Seating /1-50
any establishment for which seating capacity can	\$225.00	Seating/51-99
be determined (seating means per person)	\$275.00	Seating/100+
 Food Establishment/Catering:	 \$175.00	 under 7,000 sq. ft.
supermarkets, liquor stores, convenience	\$225.00	7,001-15,000 sq. ft.
stores (sq. ft. encompasses entire operation	\$275.00	15,001 sq. ft.
including bathrooms, hallways & storage)		
 Limited Food Establishment:	 \$75.00	
snack bars, mobile trucks & pre-packaged foods		
 Mobile Truck(s):	 \$75.00	
Driver's Name(s): _____	License Plate(s): _____	
 Temporary Events (< 5 days):	 \$75.00	(> 5 day): \$100.00

FOOD LICENSE APPLICANTS MUST PROVIDE THE FOLLOWING (Pre-Packaged App. EXEMPT):

Manager's Name: _____

Employers are responsible for having a person in charge present during all hours of operation.

Currently, is your manager/owner a certified food protection manager? Yes / No

If yes, sponsor name/date of course: _____

Course info.: (609) 588-3123, NJ State Department of Health

SWIMMING POOL LICENSE \$325.00	CHILD CARE CENTER LICENSE \$100.00
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Designated Adult Supervisor: _____	Director's Name: _____
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Trained Pool Operator: _____	Home Tel. #: _____
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Are safety employees' certifications current? Yes / No

ANIMAL HARBORAGE LICENSE \$100.00	YOUTH CAMP LICENSE \$50.00
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Kennel	Pet Shop	Shelter	Camp Name: _____
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Name of Supv. Vet.: _____	Director: _____
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_____	Dates: _____
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VENDING MACHINE LICENSE	\$25.00 each machine	<i>Attach additional sheets if necessary</i>
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Machine Location(s):	Number:	Type (i.e. candy, soda, sandwich):
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_____	_____	_____
_____	_____	_____
_____	_____	_____

MILK LICENSE	\$5.00	(Public Eating/Food Establishments/Limited Foods exempt)		
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(Check one)	Milk Company	Sub Dealer	Milk Vending Machine
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