



## MAPLEWOOD HEALTH DEPARTMENT APPLICATION FOR A 2022 RETAIL FOOD ESTABLISHMENT LICENSE

*The undersigned do hereby apply for a license to operate a food business in the Township of Maplewood.  
I/We agree to abide by the regulations and ordinances of the Township and the State of New Jersey.*

**Name of Business:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Business Owner:** \_\_\_\_\_

**President/Manager (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of Building Owner (if different):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact (Name & phone):** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

### Per Township Ordinance 3021-21

*Grease traps must be inspected yearly by a licensed plumber. **Proof of inspection must be attached.***

**Name of Plumber:** \_\_\_\_\_ **Date of inspection:** \_\_\_\_\_

**Annual Fee:** \$150    **Make Check Payable to:** Township of Maplewood

**Mail to:** Maplewood Health Department, 574 Valley Street, Maplewood, NJ 07040

### For Office Use Only

Paid ☐ CASH ☐ CHECK # \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_ TOS # \_\_\_\_\_

License # \_\_\_\_\_ Issued: \_\_\_\_\_ Date of last inspection: \_\_\_\_\_

☐ SATISFACTORY    ☐ CONDITIONAL    ☐ UNSATISFACTORY