



200 South Street,
P.O. Box 914
Morristown, NJ
07963-0914

Health Division

Main Office (973) 796-1975
Health Officer (973) 292-6707
Health Inspectors (973) 292-6713
(REHS) (973) 796-1993
Nurse (973) 292-6702
Animal Control (973) 292-6731
Fax (973) 292-6730

2020 RETAIL FOOD LICENSE APPLICATION

Please complete all fields. You must submit a copy of your driver's license or a government-issued photographic identification with this application.

TYPE OF APPLICATION	LICENSE FEE	DATE OF APPLICATION
<input type="checkbox"/> Initial Application	1-1,499 sq. ft. \$200 1,500 – 2,999 sq. ft. \$350 3,000 – 4,999 sq. ft. \$450	
<input type="checkbox"/> Renewal Application	5,000 – 9,999 sq. ft. \$750 Over 10,000 sq. ft. \$1,000 Prepackaged Food & Drink ONLY \$200	

Important Information

- Please visit townofmorristown.org for the complete Town of Morristown ordinance.
- Should the business permanently close, the Health Division shall be notified in writing by submitting a letter to Carlos Perez, Jr., Ph.D., Health Officer at the address above.
- Please note, by providing your email address, you consent to receive communications electronically from the Morristown Division of Health, and you affirm that the email listed is a reliable form of communication.
- A separate license is required if vending machines are on the premise. Please contact the Health Division for a Vending Machine License application.
- If you have questions regarding your license, please contact the Health Division at 973-796-1975.

SECTION 1. Business Information

Business Hours

Due to COVID-19 we understand many operations have modified their hours or have temporarily closed. To better assist our office, please provide your current hours of operation or indicate that your business is currently closed. Please fill out this information even if your hours have remain unchanged. **If your establishment has permanently closed, please contact our office at (973) 796-1975.**

Day of the Week	Operating Hours
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Establishment is currently closed and plans to reopen. Anticipated date: _____

Business Legal Structure

Please describe your business's legal structure. If your Business legal structure is Sole Proprietorship or if your Business has an individual partner, complete Sections 1, 2, 4 and 5. If you business's legal structure is NOT Sole Proprietorship and your business does NOT have an individual general partner, complete Sections 1, 3, 4 and 5.

<input type="checkbox"/> Business/General Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Limited Liability Partnership (LLP)	

Business Information

The business name that you provide must match the business name registered with the NJ Department of the Treasury, Division of Revenue and Enterprise Services. **You must provide a copy of your business registration certificate at the time of licensure.**

BUSINESS NAME	NUMBER AND STREET
DOING BUSINESS AS (DBA)/TRADE NAME	CITY, STATE, ZIP CODE
BUSINESS PHONE NUMBER	BUSINESS EMAIL ADDRESS*

Contact Mailing Information

If you want Morristown Health Division correspondence addressed and mailed to a contact other than the address provided above, please complete the information below.

FIRST AND LAST NAME	EMAIL ADDRESS:
TITLE/POSITION (Check only one box)	<input type="checkbox"/> Chairman <input type="checkbox"/> President <input type="checkbox"/> Trustee <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Vice President <input type="checkbox"/> Officer <input type="checkbox"/> Treasurer <input type="checkbox"/> Other, specify: _____
MAILING ADDRESS	
CITY, STATE, ZIP CODE	PHONE NUMBER

Property Owner Information

Applicants must provide information on the property owner. In the event of an emergency (i.e. fire, sewage backup, disruption in utilities) and the business owner cannot be reached, the property owner may be contacted.

PROPERTY OWNER NAME	
MAILING ADDRESS, NUMBER AND STREET	CITY, STATE, ZIP CODE
PHONE NUMBER	EMAIL ADDRESS

SECTION 2. Sole Proprietors and Individual General Partners

Individual #1

FIRST AND LAST NAME	PHONE NUMBER
HOME ADDRESS	CITY, STATE, ZIP CODE

Individual #2

FIRST AND LAST NAME	PHONE NUMBER
HOME ADDRESS	CITY, STATE, ZIP CODE

SECTION 3. Business General Partners, Corporate Officers, Shareholders and Members

You must provide information on **all** business general partners and **all** corporate officers and *each* shareholder owning ten percent (10%) or more of the business applying for a license. Note: Limited Liability Companies (LLC) must provide information on **all** members. Corporations, Limited Partnerships, Limited Liability Companies, or Limited Liability Partnerships must register and remain active with the NJ Department of the Treasury, Division of Revenue and Enterprise Services.

**Business General Partners, Corporate Officers, Shareholders and Members
Individual #1**

FIRST AND LAST NAME	PHONE NUMBER
HOME ADDRESS	CITY, STATE, ZIP CODE
TITLE/POSITION (Check only one box)	<input type="checkbox"/> Chairman <input type="checkbox"/> President <input type="checkbox"/> Trustee <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Vice President <input type="checkbox"/> Officer <input type="checkbox"/> Treasurer <input type="checkbox"/> Other, specify: _____
% OF OWNERSHIP	

Individual #2

FIRST AND LAST NAME	PHONE NUMBER
HOME ADDRESS	CITY, STATE, ZIP CODE
TITLE/POSITION (Check only one box)	<input type="checkbox"/> Chairman <input type="checkbox"/> President <input type="checkbox"/> Trustee <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Vice President <input type="checkbox"/> Officer <input type="checkbox"/> Treasurer <input type="checkbox"/> Other, specify: _____
% OF OWNERSHIP	

The following section is to be completed for Corporations, Limited Partnerships, Limited Liability Companies, or Limited Liability Partnerships where ownership is by another business.

Business #1

BUSINESS NAME	PHONE NUMBER
HOME ADDRESS	CITY, STATE, ZIP CODE
% OF OWNERSHIP	EMPLOYER IDENTIFICATION NUMBER _____ - _____

Business #2

BUSINESS NAME	PHONE NUMBER
HOME ADDRESS	CITY, STATE, ZIP CODE
% OF OWNERSHIP	EMPLOYER IDENTIFICATION NUMBER _____ - _____

SECTION 4. Certified Food Safety Manager

If your retail food establishment is classified as a risk type 3 establishment, you must provide a copy of your Food Protection Manager Certificate. Approved courses include ServSafe, 360 Training, NRFSP or Prometric.

SECTION 5. Affirmation & Signature

Licenses are valid from July 1st through June 30th of the licensing year. Licenses are not transferable. License is void with change of ownership. A late fee of \$50.00/per month will be assessed starting September 30th for all delinquent payments. License fees are not prorated.

I am authorized to complete and submit this application and all attachments. I have reviewed the entire application. To the best of my knowledge, this application is true, correct and complete. If any of the information in this application changes, the applicant must inform the Morristown Health Division of those changes. I also understand that the applicant must comply with all relevant laws and regulations if granted a registration to operate. By operating a business in the Town of Morristown, I understand that legal action may be taken for non-compliance of state and town laws, along with the suspension and revocation of my Retail Food Establishment license.

By signing below, I understand and agree that I am swearing or affirming that I have told the truth on this application. **NEW APPLICATIONS ONLY:** I understand that the Morristown Health Division has not yet considered this retail food license application. The applicant will not operate the retail food establishment until an actual license from the Morristown Division of Health is issued to the applicant.

APPLICANT PRINTED NAME		TITLE/POSITION	
APPLICANT SIGNATURE		DATE	
***OFFICIAL USE ONLY ***			
Date Received	Received By	Fee Collected	Form of Payment
Attachments			
<input type="checkbox"/> Food safety manager certification <input type="checkbox"/> Documentation supporting not-for-profit status			
Health Officer/Designee Signature/Approval			Date