



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

Health Division

Main Office (973) 796-1975
Health Officer (973) 796-1993
Health Inspectors (973) 292-6713
(REHS) (973) 796-1804
Nurse (973) 292-6702
Animal Control (973) 292-6731
Fax (973) 292-6730

RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION

Please complete all fields. A copy of your driver's license or a government-issued photo ID must be submitted with this license application.

TYPE OF APPLICATION	LICENSE FEE	BLOCK & LOT
<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 5,000 – 9,999 sq. ft. \$750 Over 10,000 sq. ft. \$1,000	
<input type="checkbox"/> Renewal Application	Prepackaged Food & Drink ONLY \$200	

Important Information

- 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 August 1st for all delinquent payments. License fees are not prorated.
 - A separate license is required if vending machines are on the premise. Please contact the Health Division for a Vending Machine License application.
- Initial applications only:** provide a copy of business registration certificate at the time of licensure.
 - The business name must match the business name registered with the NJ Department of the Treasury, Division of Revenue and Enterprise Services.
- Please visit www.townofmorristown.org for the complete Town of Morristown ordinance.
- If you have questions regarding your license or if your establishment has permanently closed, please contact the Health Division at 973-796-1975.

SECTION 1. Establishment Information

Establishment Trade Name _____

Address of Establishment _____

Establishment Phone # _____

Establishment Fax # _____

Establishment Email _____

Establishment Manager/Person in Charge (PIC) _____

Manager/PIC Phone # _____

Emergency Phone # _____

Type of Ownership Individual Partnership Corporation LLC
 Other _____

Please attach separate sheet if necessary

Business Owner Name(s) _____

Title/Position (President, VP, Director, Officer, etc.) _____

Business Owner Home/Mailing Address _____

Business Owner Phone # _____ Email _____

Correspondence Address _____

SECTION 1. Establishment Information (continued)

Property Owner Name(s) _____ Phone # _____
 Property Owner Home/Mailing Address _____

SECTION 2. General Information

Seat Capacity _____ Square Footage _____
 Exterminator/Pest Control _____ Phone # _____
 Grease Hauler _____ Phone # _____
 Garbage Hauler _____ Phone # _____

Please attach the following to this application:
 Copy of Food Protection Manager's Certification (for Risk Type 3 & 4)
 Documentation supporting non-profit organization (Federal IRS 501(c)3)

SECTION 3. Certification & Signature

Applicant agrees to comply, and abide by, all the provisions of NJAC 8:24 of the NJ Sanitary Code and all local codes regulating retail food establishments. By operating a business in the Town of Morristown, legal action may be taken for non-compliance of State and Town laws, along with the suspension or revocation of license upon violation of such codes.

If any of the information in this application changes, the applicant must inform the Morristown Health Division of those changes.

By signing below, I certify that the information provided on this form is true, correct, and complete to the best of my knowledge and further understand that if the above information is willfully false, may result in legal action including closure of the retail food establishment.

FOR 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
Health Officer/Designee Signature/Approval			Date