



The Borough of Clifton Heights

Department of Code Enforcement & Community Development

20 APPLICATION FOR HEALTH LICENSE

___ EATING AND DRINKING ESTABLISHMENT

___ RETAIL FOOD STORE/FOOD VENDING OPERATION

NAME OF ESTABLISHMENT _____

ADDRESS _____

TELEPHONE NUMBER _____

BUSINESS OWNER _____

OWNERS ADDRESS _____

NAME OF PRIVATE GARBAGE COLLECTOR _____

ADDRESS _____

NAME OF EXTERMINATING SERVICE _____

ADDRESS OF EXTERMINATING SERVICE _____

HOW OFTEN IS ESTABLISHMENT EXTERMINATED _____

*****PLEASE SEND A COPY OF EXTERMINATING CONTRACT*****

FLOOR AREA (IN SQUARE FEET) _____

NUMBER OF EMPLOYEES _____ SEATING CAPACITY _____

NAME OF EMPLOYEE FOOD SAFE STATE CERTIFIED _____ EXPIRES _____

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR A LICENSE TO OPERATE AN EATING OR DRINKING ESTABLISHMENT/RETAIL FOOD VENDING OPERATION, IN THE BOROUGH OF CLIFTON HEIGHTS FOR THE YEAR OF _____
FEE \$75.00

SIGNED _____ DATE _____