

TOWNSHIP OF LAWRENCE
 2207 Lawrence Road
 Lawrence Township, New Jersey 08648
 Telephone (609) 844-7089
 Health Department
 Retail Food Establishment License Application

NAME OF OWNER _____

ADDRESS OF OWNER _____ PHONE _____

TRADE NAME OF ESTABLISHMENT _____

ADDRESS _____ PHONE _____

E-MAIL ADDRESS _____ FAX _____

NAME OF EMERGENCY CONTACT _____ CONTACT INFORMATION _____

TYPE OF ESTABLISHMENT

1. Sales predominantly for on-premise consumption
 (e.g. restaurant, institution, luncheonette, tavern, cafeteria)

a. 50 seats or less.....	\$125.00	
b. 51-200 seats.....	200.00	
c. More than 200 seats.....	335.00	
d. Theatres and Auditoriums.....	335.00	
2. Sales predominantly for off-premise consumption
 (e.g. grocery store, meat market, delicatessen, liquor store, bakery)

a. 0-3,500 sq.ft.....per location	\$ 90.00	
b. 3,501-5,000 sq.ft.....per location	175.00	
c. 5,001-10,000 sq.ft.....per location	325.00	
d. More than 10,000 sq.ft..... per location	450.00	
3. Temporary/Agricultural/Mobile/Catering Service
 - a. Temporary Establishment/Event

Occurring weekdays.....	\$ 45.00	
Occurring weekends or holidays.....	90.00	

 List: Location _____
 Date(s) _____
 Type of Event _____
 - b. Agricultural Market..... \$ 45.00 _____
 - c. Mobile Unit/Catering Service.....per unit 60.00 _____
 List: Vehicle License # _____
 Registration # _____
 Make/Model/Year _____
4. Food Vending Machines
 (Separate license required for each location)

a. First machine.....per location	\$ 25.00	
b. Each additional machine located in same building.....	10.00	

 List: Location of machines _____
 Total number of machines _____
5. Churches, Veterans' Organizations, Volunteer Fire and First Aid Organizations, and Lawrence Township Parent Teachers Organizations, and Charitable Organizations Operating Food Pantries..... Exempt
6. Duplicate License.....preparation fee \$ 15.00 _____
7. Delinquent Fee
 Each business day.....per day \$ 2.50 _____

THE UNDERSIGNED ATTESTS THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

 Signature of Owner or Manager _____
 Date

FOR OFFICE USE ONLY

DISPOSITION OF APPLICATION

Permit Number _____
 Date Issued _____
 Fee Collected _____

Comments: