

*APPLICATIONS RECEIVED AFTER JULY 31st WILL BE ASSESSED A TWENTY-FIVE DOLLAR LATE FEE.*

**LICENSE APPLICATION  
FOOD ESTABLISHMENT  
EAST ORANGE DEPARTMENT OF LICENSING**

The applicant hereby agrees to comply with the applicable provisions of the City Code. No license shall be transferable. No person shall operate a Food Establishment without a valid license. Fees are as follows:

<b>Restaurants/Cafeteria/Shelter/Nursing Home/Boarding Homes/Other</b>	
<b>Seating capacity 50 or more</b>	<b>\$112.00</b>
<b>Less than 50 seats</b>	<b>56.00</b>
<b>Health Food Store</b>	<b>56.00</b>
<b>Package Goods/Liquor Store</b>	<b>56.00</b>
<b>Bakery, Deli, Grocery, Convenience Store</b>	<b>56.00</b>
<b>Large Chain Stores</b>	
<b>Including Drug Stores and Supermarkets</b>	
<b>Up to 5000 sq. feet</b>	<b>112.00</b>
<b>Over 5000 sq feet</b>	<b>224.00</b>

LICENSE NUMBER \_\_\_\_\_ FEE \_\_\_\_\_

DATE \_\_\_\_\_

Trade Name of Establishment \_\_\_\_\_

Address Where License Is Issued \_\_\_\_\_

Name of Applicant \_\_\_\_\_  
First Middle Last

Home Address \_\_\_\_\_  
Number Street City/State Zip

Phone Number \_\_\_\_\_  
Home Business

Restaurant Operated or Owned By Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

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A. Partnership: List Name & Residence of Each:

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

B. Corporation: Are the names and addresses of present officers and the address of your registered agent on file with the Secretary of State? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Registered Agent \_\_\_\_\_

Address of Registered Agent \_\_\_\_\_

Phone Number \_\_\_\_\_

Seating Capacity of Establishment \_\_\_\_\_

State of New Jersey  
County of Essex  
City of East Orange

**Affidavit**

\_\_\_\_\_ Being duly sworn deposes and says that  
he/she is the individual making the foregoing application for a Retail Food license  
and that the answers to the questions contained therein are true.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY SIGNATURE

\_\_\_\_\_  
APPLICANT SIGNATURE

*PLEASE COMPLETE BOTH OF THE ENCLOSED APPLICATIONS AND RETURN BOTH WITH THE PROPER FEE SO THAT WE MAY PROCESS YOUR APPLICATION FOR YOUR RETAIL FOOD ESTABLISHMENT.*

*THE APPLICANT HEREBY AGREES TO COMPLY WITH EHT APPLICABLE PROVISIONS OF THE SANITARY AND BUILDING CODE OF THE CITY OF EAST ORANGE AND ALL OTHER RELATED CITY ORDINANCES.*

*NO OPERATION WILL BE PERMITTED AFTER JULY 31ST UNLESS THE OPERATOR SHALL HAVE APPLIED FOR AND RECEIVED HIS/HER NEW LICENSE.*

LEGAL NAME OF FOOD ESTABLISHMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS PHONE NUMBER \_\_\_\_\_

**TYPE OF ESTABLISHMENT:**

RESTAURANT \_\_\_\_\_ FOOD/GROCERY STORE \_\_\_\_\_ DELI \_\_\_\_\_ SUPERMARKET \_\_\_\_\_

BAKERY \_\_\_\_\_ PHARMACY \_\_\_\_\_ LARGE CHAIN DRUG/FOOD STORE \_\_\_\_\_

SERVICE STATION/ FOOD MART \_\_\_\_\_ CAFETERIA \_\_\_\_\_ SHELTER \_\_\_\_\_

OTHER \_\_\_\_\_

**RESTAURANT OWNED BY:** INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_

**IS ESTABLISHMENT A NON-PROFIT ORGANIZATION?** YES \_\_\_\_\_ NO \_\_\_\_\_

**NAME AND ADDRESS OF OPERATOR OF FOOD ESTABLISHMENT:**

**INDIVIDUAL:**

NAME \_\_\_\_\_

RESIDENCE \_\_\_\_\_  
ADDRESS CITY STATE ZIP

HOME NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

**PARTNERSHIP:**

NAME \_\_\_\_\_

RESIDENCE \_\_\_\_\_  
ADDRESS CITY STATE ZIP

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CORPORATION:

ARE NAMES AND ADDRESSES OF PRESENT OFFICERS AND NAME AND ADDRESS OF REGISTERED AGENT ON FILE WITH THE SECRETARY OF STATE?

YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF REGISTERED AGENT \_\_\_\_\_

ADDRESS OF REGISTERED AGENT \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

TITLE \_\_\_\_\_