

NorthWest Bergen Regional Health Commission

20 West Prospect Street * Waldwick, NJ 07463

Phone: (201) 445-7217 * Fax: (201) 445-4001

Website: www.nwbrhc.org

Facebook: www.facebook.com/NWBRHC



**NorthWest Bergen
Regional Health Commission**

Good Public Health Grows a Stronger Community

December 9, 2017

Dear Owner or Manager,

Please find enclosed your license application for the 2017 calendar year. This application is to be completed and returned to this office by **January 31, 2018**, with the appropriate payment. This application must be completed in its entirety in a legible manner. All checks are to be made payable to "NWBRHC".

Failure to renew your establishment's license by January 31, 2018 will result in a late fee of 50% of the annual license fee.

This year the following materials are available for you to download and print from our website. If applicable, these documents must be onsite and available for review by the Health Inspector during your inspection:

- Temperature & Cleaning Logs
- Self-Inspection Checklist
- Hand Washing Signs
- Managing Retail Food Emergency Poster
- The Emergency Action Planning Guidance for Retail Food Establishments

Go to www.nwbrhc.org and click on "Food Establishments & Restaurants."

After your application is received, we will be **emailing** you the 2018 license. We will not be sending it in the mail. **Please make sure to include a valid email address** that we can keep on file. If you do not have internet access, you can pick up a hard copy of the application from our office.

As a reminder below are the fees for inspections that are performed and result in either a Conditional or Unsatisfactory rating.

	<u>Conditional Inspections</u>	<u>Unsatisfactory Inspections</u>
First Re-inspection	Included	\$150
Second Re-inspection	\$100	\$300
Three or More Re-inspections	\$150	\$400

This ordinance also includes a fee of \$200 for emergency openings during evening and weekend hours.

Thank you for your cooperation.

Sincerely,

Angela Musella

Angela Musella, MA, CHES
Health Officer

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2018 License Application for Midland Park

1. Filing of this application does NOT authorize the applicant to start operating; the application MUST be approved by the Health Department and a license MUST be issued. ALL information must be filled out.
2. The license will expire on December 31, 2018.
3. The operator and employees must observe ALL applicable codes, ordinances, rules and regulations of the local Health Department and the NJ State Department of Health; and is subject to and must cooperate with periodic inspections.
4. All licenses are due by January 31st. A late charge of 50% of the total fee will be added to your total amount due. (Ex: A Bakery that is late will owe the \$200 fee + \$100 late fee = \$300)

Type of License & Fees		
Animals (Cattle/Horses) \$75.00	Animals (Poultry/Pigeons) \$25.00	Bakery \$200.00
Catering Truck \$200.00	Church \$0	Convenience Store \$300.00
Day Camps \$0	Health Spa/Exercise Facility \$150.00	Ice Cream Truck \$125.00
Milk Truck \$100.00	Miscellaneous Retail Food \$300.00	Massage Place \$300.00
Nursery/Day Care \$200.00	Organization (VFW) \$0	Pet Shop/Grooming \$150.00
Pre-Packaged Foods & Beverages \$100.00	Kennel (1-10 Dogs) \$150.00	Restaurant (1-50 Seating) \$200.00
Restaurant (51+ Seating) \$300.00	School With Cafeteria \$300.00	School Without Cafeteria \$0
Supermarket \$800.00	Public Recreational Bathing Facility/Spa \$250	Vending Devices \$50.00 (for first) \$25.00 (every additional)
Other (Please contact NWBRHC for fees)		

I/We herewith, am/are applying for a REGULAR HEALTH DEPARTMENT LICENSE FOR 2018.

Type of License: _____

Business/Trade Name: _____

Address: _____ Town: _____

Zip Code: _____ Business Phone: _____ Home Phone: _____

Cell Phone: _____ Fax: _____ Other Phone: _____

Email Address: _____

Website: _____

(2018 License Application Continued)

Corporation/ Owner Name: _____

Corporation/Owner Address: _____

Corporation/Owner Town: _____ State: _____ Zip Code: _____

Corporation/Owner Phone: _____ Corporation President: _____

Corporation Vice President: _____ Corporation Secretary: _____

Certified Food Handler Information

Name: _____ Expires: _____

Name: _____ Expires: _____

Name: _____ Expires: _____

Name: _____ Expires: _____

Vending Machine Owners/Operators Only

Location of Commissary: _____

Location of Vending Machine Repair Shop: _____

Mobile Vendors Only

Type of Food: _____ Commissary Location: _____

Type of Vehicle: _____ License Plate #: _____

Daily Route: _____ Times: _____

Payment Information

Please make checks payable to "NWBRHC" (NorthWest Bergen Regional Health Commission).

I am/we are aware of the requirements of the State and Municipal Board of Health regulations and agree to be governed thereby.

Date: _____ Print Name: _____

Signature: _____

For Office Use Only

Date Received:		2018 License # Issued:	
Cash	MO #:	Check #:	
Fee: \$	Late Fee: \$	Total Amount Paid: \$	