

**NorthWest Bergen Regional Health Commission**

**20 West Prospect Street \* Waldwick, NJ 07463**

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

**Website: [www.nwbrhc.org](http://www.nwbrhc.org)**

**Facebook: [www.facebook.com/NWBRHC](http://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](http://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.

	<b><u>Conditional Inspections</u></b>	<b><u>Unsatisfactory Inspections</u></b>
First Reinspection	\$50	\$200
Second Reinspection	\$100	\$300
Three or More Reinspections	\$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



**2018 License Application for Waldwick**

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 31<sup>st</sup>. 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/Horse) <u>\$100</u>	Animals (Poultry/Pigeons) <u>\$35</u>	Animals (Small, 2 or more) <u>\$50</u>
Bakery <u>\$200</u>	Boarding House/Room <u>\$300</u>	Catering Truck <u>\$150</u>
Church <u>\$0</u>	Day Camp <u>\$0</u>	Deli <u>\$200</u>
Health Spa/Exercise Facility <u>\$200</u>	Ice Cream Truck <u>\$100</u>	Pet Shop/Kennel (1-10 Dogs) <u>\$150</u>
Kennel (11+ Dogs) <u>\$300</u>	Massage Place <u>\$300</u>	Maternity Home <u>\$300</u>
Milk Truck <u>\$100</u>	Miscellaneous Retail Food <u>\$200</u>	Nursery/Day Care <u>\$200</u>
Nursing/Convalescent Home <u>\$400</u>	Organization (VFW) <u>\$0</u>	Pre-Packaged Foods & Beverages <u>\$100</u>
Restaurant, 1-50 Seating Capacity <u>\$150</u>	Restaurant, 51+ Seating Capacity <u>\$300</u>	School With Cafeteria <u>\$300</u>
School Without Cafeteria <u>\$100.00</u>	Supermarket <u>\$800</u>	Swimming Pool/Spa (Seasonal) <u>\$200</u>
Swimming Pool/Spa (All Year) <u>\$400</u>	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 Service: \_\_\_\_\_

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: \_\_\_\_\_

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 "NWBHRHC" (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: \$	