



BOROUGH OF TINTON FALLS
556 Tinton Avenue, Tinton Falls, NJ 07724

APPLICATION
FOR FOOD ESTABLISHMENT LICENSE
2024

Please provide the following information. Complete the checklist on the back, sign the form and mail with check for the appropriate amount (fee schedule below).

ESTABLISHMENT CONTACT NAME

Name of Establishment: _____

Full Address: _____

Telephone Number: _____

Risk Type: _____

Seats and/or Sq. Feet: _____

OWNER CONTACT INFORMATION

Name of Owner(s): _____

Mailing Address: _____

Telephone Number: _____

Corporate Office: _____

Email: _____

LOCAL EMERGENCY CONTACT INFORMATION

Name: _____

Phone Number: _____

Mobile: _____

Email: _____

| | ON or BEFORE 12/31/2024 | AFTER 3/31/2024 (renewal only) |
|--|-------------------------|--------------------------------|
| Retail Pre Packaged Foods | \$75.00 | +\$15.00 |
| Mobile | \$150.00 | +\$30.00 |
| 1-50 seats or less than 3,999 square feet | \$150.00 | +\$30.00 |
| 51-100 seats or 3,999 square feet to 9,999 square feet | \$250.00 | +\$50.00 |
| 101 seats or more, or up to 10,000 square feet | \$400.00 | +\$80.00 |
| 10,001 square feet and over | \$700.00 | +\$140.00 |

* Late fee will be applied to each month late.

FOOD PROTECTION MANAGER CERTIFICATION

Those certifications highlighted in yellow have expired. Please provide copies of any new certifications or mark delete if employee is terminated. For new employees, please add information and provide copies of certifications.

| Name of Certified Personnel | Position of Responsibility | Certification Exp | Delete | New |
|-----------------------------|----------------------------|-------------------|--------|-----|
| | | | | |
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Checklist:

- Form received and changes made, as necessary.
- Emergency contact information provided in the event of fire, power loss etc.
- Copies of all new and/or updated food manager certificates enclosed.
- All taxes and water/sewer accounts are paid and up to date.
- A check for the proper amount (to "Borough of Tinton Falls") is enclosed.
- Bottom of application is signed and dated.

By making this application, I (we) agree to comply with all the Ordinances of the Borough of Tinton Falls and the State of New Jersey that regulate such establishments. It is further agreed that I (we) shall surrender this license if rescinded by the Board of Health.

Signature of Owner: _____ Date: _____

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 For Health Dept. Use Only:

Exempt from Certification Requirement? Yes No

License Number Issued: _____ Date: _____ Amt: _____ Check: Cash