

Township Of Millburn
 Health Department
 375 Millburn Avenue
 Millburn, NJ 07922



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LICENSE APPLICATION

OFFICE USE: _____ License Application

Business Name: _____ Tel. #: _____

Address: _____
 (Street) (Town) (Zip)

Owner: _____ Corporation: _____
 (Name) (Name) (President)

Address: _____
 (Street) (Town) (Zip)

Business Fax #: _____ Emergency Tel. #: _____

Corporate Tel. #: _____ E-mail Address: _____

I hereby certify that the following information
 Supplied in this application is true and correct: _____
 (Signature/Title) (Date)

**CHECKS PAYABLE TO:
 TOWNSHIP OF MILLBURN**

*****FILL OUT BOTH PAGES OF APPLICATION & PRINT CLEARLY*****

*******BELOW IS OFFICE USE ONLY*******

Type License Date	License No.	Fee	Approved By
.....
.....
.....

TYPE OF LICENSE

FOOD LICENSE

Restaurants

Seating under 50 @ \$100.00

Seating over 50 @ \$200.00

**Limited Sales (sale of packaged,
non-perishable foods only)**

\$50.00

Mobile Truck (s):

\$100.00

Driver's Name(s): License Plate(s):

Temporary Events:

\$50.00

SWIMMING POOL LICENSE

\$200.00

Designated Adult Supervisor:

Trained Pool Operator: Tel. #:

Are safety employees' certifications current? Yes/ No

VENDING MACHINE LICENSE \$25.00 - each machine - Attach additional sheets if necessary.

Machine Location (s): Number: Type (i.e. candy, soda, and sandwich):

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OFFICE USE ONLY:

Cash: Check Amount: Check # Check date:

Received by Initial: Date received: