



# Borough Of Montvale

12 Mercedes Drive  
Montvale, NJ 07645  
(201) 391-5700 ext. 252

# Board of Health Food Establishment License Application

## Food Establishment License Application

1. Filing of this application **does not authorize** the applicant to start operating. The Board of Health must approve the application & issue a license.  
To schedule an inspection call **Northwest Regional Health Commission @ 201-445-7217.**
2. The license, unless temporary, will expire on December 31<sup>st</sup> of the year in which issued.  
*Late fee for license \$100 & under, additional 50% of fee*  
*Late fee for license over \$100, additional 50% of fee*
3. The operator and the employees must observe all applicable codes, ordinances, rules & regulations of the Montvale Board of Health and New Jersey State Department of Health. The establishment will be subject to periodic inspections.

The following non-refundable fees shall be paid by check or money order made payable to the **Borough of Montvale.**

Please Indicate Type Of License	Fees
Agricultural Market/farmstand	\$300
Bakery	\$200
Convenience Store	\$325
Cattle/horse Farm	\$100
Delicatessen	\$200
Dry Cleaning	\$200
Health Spa/Exercise Facility	\$200
Hotel/Motel (1-50 Rooms)	\$500
Hotel/Motel (Over 50 Rooms)	\$1,000
Misc. Retail Food Establishment	\$200
Mobile Retail Food Establishment	\$175
Ice Cream Mobile Retail Food Establishment	\$125
Nusery School/Daycare	\$200
Pet Shop/Grooming	\$150
Pre-packaged Candy Counters	\$70
Restaurant (Seating Capacity 1-50)	\$200
Restaurant (Seating Capacity 51 & Over)	\$350
Rooming/boarding House	\$250
Supermarket	\$800
Temp. Food Establishment (1-3 Days)	\$75
<i>Provide Dates</i> _____	
Temp. Food Establishment (4-7 Days)	\$100
<i>Provide Dates</i> _____	
Dairy Products Dispensing Truck	\$50
Vending Machine (One)	\$50
<del>/////////</del> Each Additional Vending Machine	\$20

**TOTAL DUE \$ \_\_\_\_\_**

## Food Establishment License Application

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Establishment Location: \_\_\_\_\_

I am/We are aware of the requirements of the State, Municipality, and Montvale Board of Health regulations and agree to be governed thereby.

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*Signature*

*Date*

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*Print Name and Title*