

PARAMUS BOARD OF HEALTH
Jockish Square
Paramus, NJ 07652
(201) 265-2100 Ext. 2300

APPLICATION FOR PERMIT: 2016

Please print clearly and fill out this form completely

This application is submitted on behalf of: _____
(Name of Corporation, Partnership or Individual Owner)

(Owner Address)

(Trading As)

(Establishment Address)

(Establishment Phone Number) (Owner Cell Phone Number)

(Establishment Fax Number) (Email Address)

With payment of fee: (See enclosed fee schedule for required fee) \$ _____

I am/We are cognizant of the regulations of the NJ State Department of Health and Senior Services and the Paramus Board of Health and agree to be governed thereby. This permit, when issued, will expire on December 31, 2016. Renewal applications must be filed by December 31, 2015. New applications must be filed within 30 days. Failure to comply will result in a late fee being applied in accordance with applicable ordinance.

(Date of application) (Print Name & Title) (Signature)

_____ **Restaurant (Seating Capacity):** _____

_____ **Food Establishment** _____ **Retail Est.** _____ **Supermarket - Deli (Check correct square footage below)**

_____ **Up to 6000 Sq. Ft.** _____ **6001 Sq. Ft. to 10,000 Sq. Ft.** or **10,000 Sq. Ft. or more:** _____

Do you have a certified food manager on the premises for every shift? Yes _____ **No** _____

If answer is no to above question, please contact the Health Office for registration information.

_____ **Massage Establishment**

_____ **Number of Licensed Massage Therapists**

_____ **Mobile Caterer: * Peddler's License mandatory prior to obtaining Foodhandling Permit.**

_____ **Beauty Parlor/Nail Salon: (Enclosed document must be submitted with application)**

_____ **Body Art: (See enclosed document which MUST be submitted with application)**

_____ **Pet Shop/Kennels**

_____ **Swimming Facilities: Name and Address of Certified Pool Operator:** _____

For office use:
Date Received: _____ Receipt No: _____ Permit No: _____ Fee Paid: _____