

# Borough of Paramus

Health Department  
1 West Jockish Square  
Paramus, NJ 07652

(201) 265-2100 ext. 2300 | Fax (201) 225-9014  
health@paramusborough.org | ParamusBorough.org/151/Health

## Application for Permit 2023

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 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 regulation of the NJ State Department of Health and Senior Services and the Paramus Health Department and agree to be governed thereby. This permit, when issued, will expire on December 31, 2023. Renewal applications must be filed by December 31, 2022. New applications must be filed within 30 days. Failure to comply will result in a late fee being applied in accordance with applicable ordinance.

### **BUSINESS LICENSE REQUIRED PRIOR TO OBTAINING A HEALTH PERMIT.**

\_\_\_\_\_  
(Date of Application)

\_\_\_\_\_  
(Name & Title)

\_\_\_\_\_  
(Signature)

**Restaurant** \_\_\_\_\_ (Seating Capacity) \_\_\_\_\_

**Food Establishment** \_\_\_\_\_ **Retail Establishment** \_\_\_\_\_ **Supermarket/Deli** \_\_\_\_\_

**Up to 6,000 Sq. Ft.** \_\_\_\_\_ **6,001 Sq. Ft. to 10,000 Sq. Ft.** \_\_\_\_\_ **Larger than 10,000 Sq. Ft.** \_\_\_\_\_

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

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

\_\_\_\_\_ **Mobile Caterer (Peddler's License mandatory prior to obtaining Food-Handling Permit)**

\_\_\_\_\_ **Body Art (See enclosed document which MUST be submitted with application)**

\_\_\_\_\_ **Pet Shop/Kennels**

\_\_\_\_\_ **Swimming Facilities (Name and Address of Certified Pool Operator)** \_\_\_\_\_

\_\_\_\_\_ **Tanning Salon**

\_\_\_\_\_ **Vending Machine**

*For Office Use*

Date Received \_\_\_\_\_ Receipt No. \_\_\_\_\_ Permit No. \_\_\_\_\_ Fee Paid \_\_\_\_\_