## **Food & Drink License Information**

## Fee Schedule, Instructions, & Application

### Food & Drink License Fee Schedule

A. Restaurant, hotel, nursing home, hospital, cafe, tavern, luncheonette, diner, soda fountain, food market, delicatessen, bakery, or similar establishment:

1.	Total floor area less than 5,000 square feet	\$300.00
2.	Total floor area between 5,000 and 10,000 square feet	\$350.00
3.	Total floor area greater than 10,000 square feet	\$400.00
B. *Mobile Vending	\$300.00	
C. Child-Care Cen	\$ 75.00	
D. Ancillary Food	\$150.00	
E. Temporary Lice	\$75.00	

Please return your check or money order (Payable to: Town of Dover) along with your completed application to the:

Dover Health Department 37 North Sussex Street Dover, NJ 07801

If you have any questions regarding this information, please call the Dover Health Department at: 973-366-2200 ext. 1120

#### PLEASE NOTE

Food and Drink Licenses are valid from January 1 to December 31 of each year.

Licenses must be renewed during December of each year.

Failure to renew license by January 31 of the licensing year is subject to a penalty fee of \$100.

# Dover Health Department Retail Food Establishment Food and Drink License Application

Busin	ess Inform	ation							
Trade	Name:		Telephone #:						
Busine	ess Address	s:							
Is this	business:	Individually	Owned	Partnership	*Corporation	ı			
*If a C	orporation,	please list the na	me and addr	ess of the President:					
Description of food services to be rendered: (hot food, sandwiches, etc.):									
Food Protection Manager Certification? YES NO (attach copy of certificate as proof)									
Squar	e Feet of F	loor Area:	_ Number o	of Food Handling Employee	es:Seati	ng Capacity:			
Name	of Profession	onal Exterminatin	g Company:	_					
Addre	ss:				Telephone	#:			
0									
Owne	r Informati	on							
Name	of Owner:_				Telephone	#:			
Owne	r's Home Ad	ddress:							
<u>Licenses are not transferable</u> . Licenses may be suspended or revoked by the Dover Health Department upon violation of purposes, intent and provisions of Chapter 24 of the NJ State Sanitary Code, the Food and Beverage Vending Machine Code, the Solid Waste Code, other ordinances of the Dover Health Department, and statutory laws of the State of New Jersey relating the conduct of such businesses.									
In consideration of such license, I hereby agree to conduct the said premises in conformance with the purpose, intent and provisions of the above-mentioned codes or ordinances stated herein.									
Signat	ture and Titl	e of Applicant			Date				
Application must be completed in its entirety. Incomplete forms will be returned									
Official Use Only – Do Not Write In This Box									
Fee:	○Check	OMoney Order	Check#	Date: Lic	cense #:	Risk Type:			