

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 _____ \$250.00
 2. Total floor area between 5,000 and 10,000 square feet _____ \$300.00
 3. Total floor area greater than 10,000 square feet _____ \$350.00
- B. *Mobile Vending Vehicles, Caterers _____ \$200.00
- C. Child-Care Centers, Social Clubs _____ \$ 50.00
- D. Seasonal Farmers' Markets _____ \$150.00
- E. Ancillary Food Vendors for Seasonal Events _____ \$150.00

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 \$50.**

Dover Health Department
Retail Food Establishment Food and Drink License Application

Business Information

Trade Name: _____ Telephone #: _____

Business Address: _____

Is this business: **Individually Owned** _____ **Partnership** _____ ***Corporation** _____

*If a Corporation, please list the name and address of the President:

Description of food services to be rendered: (hot food, sandwiches, etc.):

Do you have a Certificate of Compliance for your occupancy? **YES** _____ **NO** _____

Food Protection Manager Certification? YES ___ NO ___ (attach copy of certificate as proof)

Square Feet of Floor Area: _____ **Number of Food Handling Employees:** _____ **Seating Capacity:** _____

Name of Professional Exterminating Company: _____

Address: _____ Telephone #: _____

Owner Information

Name of Owner: _____ Telephone #: _____

Owner's Home Address: _____

Licenses are not transferable. 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 to 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.

Signature and Title 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:

Date:

License #:

Risk Type: