

**SOUTH PLAINFIELD
MUNICIPAL CLERK'S OFFICE**
2480 Plainfield Avenue, South Plainfield, NJ 07080

RETAIL FOOD ESTABLISHMENT APPLICATION

ESTABLISHMENT INFORMATION:

Name: _____ Phone #: _____

Address:: _____ Fax #: _____

OWNER INFORMATION:

Name: _____ Phone # _____

Address: _____

MANDATORY EMAIL ADDRESS: _____

EMERGENCY CONTACT PERSON:

NAME: _____ TITLE: _____

EMERGENCY/AFTER HOURS PHONE NUMBER: _____

ARE YOU SELLING ELECTRONIC SMOKING DEVICES OR RELATED PRODUCTS? YES or NO

NON-REFUNDABLE APPLICATION FEE

<u>ESTABLISHMENT SIZE/TYPE AND MISCELLANEOUS FEES</u>		<u>AMOUNT</u>
1 - 1,000 SQ. FT.	\$150.00	_____
1,001 - 5,000 SQ. FT.	\$225.00	_____
5,001 - 10,000 SQ. FT.	\$275.00	_____
OVER 10,000 SQ. FT.	\$525.00	_____
MILK FEE	\$ 50.00	_____
DRUG STORE	\$ 75.00	_____
ICE (Packaged Ice Only)	\$ 50.00	_____
PLAN REVIEW-New Food Estab.	\$100.00	_____
LATE PENALTY	\$ 50.00 PER MONTH AFTER MARCH 31ST	_____
NON-ATTENDANCE (OF FOOD COURSE)	\$200.00	_____
	TOTAL AMOUNT:	_____

NOTE: Application is to be completed and returned with a check payable to the "Boro of South Plainfield" by March 31st otherwise a \$50.00 PER MONTH late fee will be incurred.

FOR OFFICE USE ONLY.

LICENSE # _____ DATE ISSUED: _____

METHOD OF PAYMENT: CASH \$ _____ CHECK \$ _____ CHECK NUMBER _____