

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

WHOLESALE FOOD ESTABLISHMENT APPLICATION

ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____

TELEPHONE #: _____ FAX: _____

OWNER NAME: _____

OWNER ADDRESS: _____

MANDATORY EMAIL: _____

CONTACT PERSON:

NAME: _____ TITLE: _____

EMERGENCY/AFTER HOURS PHONE NUMBER: _____

NON-REFUNDABLE APPLICATION FEE

ESTABLISHMENT TYPE

| | | |
|------------------|------------------------------------|-------|
| MANUFACTURED | \$175.00 | _____ |
| NON-MANUFACTURED | \$100.00 | _____ |
| LATE PENALTY | \$50.00 PER MONTH AFTER MARCH 31ST | _____ |

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 _____