

Bloomingdale Health Department Universal License Application

Establishment T/A: _____

Establishment Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____ e-mail: _____

Owner: _____

Address: _____ Telephone #: _____

City: _____ State: _____ Zip Code: _____

Please mark (x) the appropriate license class which applies and submit fee.

Checks must be made payable to: Borough of Bloomingdale

Mail: Borough of Bloomingdale - 101 Hamburg Turnpike, 3rd floor - Bloomingdale, N.J. 07403 - Attn: Aimee Greenspan
agreenspan@bloomingdalenj.net or 973-838-0778 x-241

<p>Retail Food Establishments</p> <p><input type="checkbox"/> Risk 1 \$100.00</p> <p><input type="checkbox"/> Risk 2 \$200.00</p> <p><input type="checkbox"/> Risk 3 \$400.00</p> <p><input type="checkbox"/> Risk 4 \$400.00</p> <p><input type="checkbox"/> Mobile Food \$100.00</p> <p><input type="checkbox"/> Non-Profit \$ 0.00</p> <p><input type="checkbox"/> Temporary \$ 50.00</p> <p>(7 day) Dates: _____</p> <p>Time: _____</p> <p>Name of event: _____</p>	<p><input type="checkbox"/> Vending</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Vending Type</th> <th style="width: 25%;">Number</th> <th style="width: 25%;">Fee</th> <th style="width: 25%;">Total Fee</th> </tr> </thead> <tbody> <tr> <td>Prepackaged</td> <td></td> <td>\$20.00</td> <td></td> </tr> <tr> <td>Gum Ball</td> <td></td> <td>\$ 5.00</td> <td></td> </tr> <tr> <td>All Others</td> <td></td> <td>\$40.00</td> <td></td> </tr> <tr> <td>Location of Vending Machine(s)</td> <td colspan="3"></td> </tr> </tbody> </table>	Vending Type	Number	Fee	Total Fee	Prepackaged		\$20.00		Gum Ball		\$ 5.00		All Others		\$40.00		Location of Vending Machine(s)			
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Body Art Initial License	
<input type="checkbox"/> Tattooing	\$200.00
<input type="checkbox"/> Permanent Cosmetics	\$200.00
<input type="checkbox"/> Body Piercing	\$100.00
Body Art Annual Renewal	
<input type="checkbox"/> Tattoo	\$100.00
<input type="checkbox"/> Permanent Cosmetic	\$100.00
<input type="checkbox"/> Body Piercing	\$ 50.00

Recreational Bathing License	
<input type="checkbox"/> Bathing Beach	\$125.00
<input type="checkbox"/> Hot Tub/Spa	\$125.00
<input type="checkbox"/> Swimming Pool	\$125.00
<input type="checkbox"/> Wading Pool	\$125.00

Kennel/Pet Shop License	
<input type="checkbox"/> Pet Shop	\$ 10.00
<input type="checkbox"/> Kennel <11 Dogs	\$ 10.00
<input type="checkbox"/> Kennel >10 Dogs	\$ 25.00

<p>All licenses expire on December 31st of the year in which they are issued and are not transferable. This license may be revoked by action of the Board of Health for failure to comply with applicable State and Local Standards.</p>	
<p>_____ Signature of Owner/Agent</p>	<p>Office Use Only:</p> <p>Date: _____</p> <p>License # _____</p> <p>Fee Paid _____ <input type="checkbox"/> Check # _____</p> <p style="text-align: right;"><input type="checkbox"/> Cash</p>