



# EDISON

"The Birthplace of Recorded Sound"

100 Municipal Boulevard • Edison, New Jersey 08817

Department of Health

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## RETAIL FOOD APPLICATION

☐ NEW APPLICATION

☐ RENEWAL

☐ RESTAURANTS (REFER TO CHART A)

Num. of Seats \_\_\_\_\_

☐ RETAIL FOOD (REFER TO CHART B)

Square Feet of Location \_\_\_\_\_

☐ MILK DEPOT (\$50.00)

☐ ICE DEPOT (\$25.00)

☐ FROZEN DESSERT – RETAIL (\$275.00)

☐ WHOLESALE FOOD (\$400.00)

**NOTE: ALL LICENSES EXPIRED GREATER THAN 30 DAYS SUBJECT TO 20% LATE FEE**

RESTAURANT EXPIRATION DATE:

DECEMBER 31<sup>ST</sup> OF CURRENT YEAR

ALL OTHER LICENSES LISTED ABOVE EXPIRE:

JUNE 30<sup>TH</sup> OF THE FOLLOWING YEAR

### CHART A – RESTAURANT LICENSES

Renewal Feb. 1  
or later

|                                        |              |           |          |
|----------------------------------------|--------------|-----------|----------|
| Class "A" Seating Capacity             | 100 and Over | \$ 600.00 | \$720.00 |
| Class "B" Seating Capacity             | 50 – 99      | \$ 490.00 | \$588.00 |
| Class "C" Seating Capacity             | 1 – 49       | \$ 375.00 | \$450.00 |
| Class "D" Primarily a Bar Serving Food |              | \$ 245.00 | \$294.00 |

### CHART B – RETAIL FOOD LICENSES

Renewal Aug 1  
or later

|           |                |          |          |           |
|-----------|----------------|----------|----------|-----------|
| Class "A" | >10,000        | Sq. Feet | \$900.00 | \$1080.00 |
| Class "B" | 5,000 – 10,000 | Sq. Feet | \$600.00 | \$720.00  |
| Class "C" | 3,501 – 5,000  | Sq. Feet | \$350.00 | \$420.00  |
| Class "D" | 2,501 – 3,500  | Sq. Feet | \$245.00 | \$294.00  |
| Class "E" | 0 – 2,500      | Sq. Feet | \$175.00 | \$210.00  |

BUSINESS NAME: \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_

BUSINESS FAX  
NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

Method of Payment: Check\_\_\_\_\_ Money Order\_\_\_\_\_ Credit card\_\_\_\_\_ Cash\_\_\_\_\_

Visa/Mastercard/Discover/Amex (Circle)

Name on Card: \_\_\_\_\_

Card# \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CID# \_\_\_\_\_ Billing Zip: \_\_\_\_\_

\*\*\* PLEASE MAKE ALL CHECKS PAYABLE TO 'TOWNSHIP OF EDISON' \*\*\*

HEALTH DEPARTMENT: RECOMMENDED ☐ YES ☐ NO DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ INSPECTOR:

LICENSES AND PERMITS: FEES: \$ CHECK #:

RECEIPT #:

LICENSE #: EXPIRES:

AN EQUAL OPPORTUNITY EMPLOYER