

NorthWest Bergen Regional Health Commission
20 West Prospect Street * Waldwick, NJ 07463
Phone: (201) 445-7217 * Fax: (201) 445-4001
Email: info@nwbrhc.net Website: www.nwbrhc.org
Facebook: www.facebook.com/NWBRHC



December 16, 2019

Dear Owner or Manager,

Please find enclosed your Midland Park, NJ Regular Health Department License application for the 2020 calendar year. This application must be fully and legibly completed and returned to this office by **January 31, 2020** with the appropriate payment. All checks are to be made payable to "NWBRHC". **Please note, there are TWO pages to the application.**

Failure to renew your establishment's license by January 31, 2020 will result in a late fee of 50% of the annual license fee.

This year the following materials are available for you to download and print from our website. If applicable, these documents must be onsite and available for review by the Health Inspector during your inspection:

- Temperature & Cleaning Logs
- Self-Inspection Checklist
- Hand Washing Signs
- Managing Retail Food Emergency Poster
- The Emergency Action Planning Guidance for Retail Food Establishments

Go to www.nwbrhc.org and click on **Food Establishments & Restaurants**.

After your application is received, you will receive your 2020 license via email. We will not mail a hard copy. **Please make sure to include a valid email address** that we can keep on file. If you do not have internet access, you can pick up a hard copy of the application from our office.

As a reminder below are the fees for inspections that are performed and result in either a Conditional or Unsatisfactory rating.

	<u>Conditional Inspections</u>	<u>Unsatisfactory Inspections</u>
First Re-inspection	Included	\$150
Second Re-inspection	\$100	\$300
Three or More Re-inspections	\$150	\$400

This ordinance also includes a fee of \$200 for emergency openings during evening and weekend hours.

Thank you for your cooperation.

Sincerely,

Angela Musella

Angela Musella, MA, CHES
Health Officer

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NorthWest Bergen
 Regional Health Commission

Good Public Health Grows a Stronger Community

2020 Regular Health Department License Application for Midland Park

1. Filing of this application does NOT authorize the applicant to start operating; the application MUST be approved by the Health Department and a license MUST be issued. ALL information must be filled out. **There are 2 pages.**
2. The license will expire on December 31, 2020.
3. The operator and employees must observe ALL applicable codes, ordinances, rules and regulations of the Local Health Department and the NJ State Department of Health; and is subject to and must cooperate with periodic inspections.
4. All licenses are due by January 31st, 2020. A late charge of 50% of the total fee will be added to your total amount due. (Ex: A bakery that is late will owe the \$200 fee + \$100 late fee = \$300)

Type of License & Fees		
Animals (Cattle/Horses) \$75.00	Animals (Poultry/Pigeons) \$25.00	Bakery \$200.00
Catering Truck \$200.00	House of Worship \$0	Convenience Store \$300.00
Day Camps \$0	Health Spa/Exercise Facility \$150.00	Ice Cream Truck \$125.00
Milk Truck \$100.00	Miscellaneous Retail Food \$300.00	Massage Place \$300.00
Nursery/Day Care \$200.00	Non-Profit Organization or Borough Facility \$0	Pet Shop/Grooming \$150.00
Pre-Packaged Foods & Beverages \$100.00	Kennel (1-10 Dogs) \$150.00	Kennel (11+ Dogs) \$200.00
Public Recreational Bathing Facility/Spa \$250	Restaurant (1-49 Seating) \$200.00	Restaurant (50+ Seating) \$300.00
School without Cafeteria \$0	School with Cafeteria \$300.00	Supermarket \$800.00
Vending Devices \$50.00 (for first) \$25.00 (every additional)	Other (Please contact NWBRHC for fees)	

I/We herewith, am/are applying for a REGULAR HEALTH DEPARTMENT LICENSE FOR 2020

Type of License: _____ Fee: _____

Business/Trade Name: _____

Address: _____ Town: _____ Zip Code: _____

Contact Person: _____ Mobile Phone: _____

Business Phone: _____ Fax Number: _____

Email Address: _____ Website: _____

(OVER)

(2020 License Application Continued)

Corporation/Owner Name: _____

Corporation/Owner Address: _____

Corporation/Owner Town: _____ State: _____ Zip Code: _____

Corporation/Owner Phone: _____ Corporation/Owner Email: _____

Certified Food Handler Information (please include expiration date)**

Name: _____ Expires: _____

Name: _____ Expires: _____

Name: _____ Expires: _____

Name: _____ Expires: _____

Name: _____ Expires: _____

Vending Machine Owners/Operators Only

Location of Commissary: _____

Location of Vending Machine Repair Shop: _____

Mobile Vendors Only

Type of Food: _____ Commissary Location: _____

Type of Vehicle: _____ License Plate #: _____

Daily Route: _____ Times: _____

Payment Information

*****Please make checks payable to "NWRHC" (Northwest Bergen Regional Health Commission) and mail completed application to NWRHC, 20 W. Prospect Street, Waldwick NJ 07463***

I am/we are aware of the requirements of the State and Municipal Board of Health regulations and agree to be governed thereby.

Date: _____ Print Name: _____

Signature: _____

For Office Use Only

Date Received:		2020 License # Issued:	Delivery method:
Cash	MO #:		Check #/Receipt #:
Fee: \$	Late Fee: \$		Total Amount Paid: \$