

# Food & Drink License Information

## *Fee Schedule, Instructions, & Application*

### Food & Drink License Fee Schedule

- A. Restaurant, hotel, nursing home, hospital, cafe, tavern, luncheonette, diner, soda fountain, food market, delicatessen, bakery, or similar establishment:
1. Total floor area less than 5,000 square feet \_\_\_\_\_ \$250.00
  2. Total floor area between 5,000 and 10,000 square feet \_\_\_\_\_ \$300.00
  3. Total floor area greater than 10,000 square feet \_\_\_\_\_ \$350.00
- B. \*Mobile Vending Vehicles, Caterers \_\_\_\_\_ \$250.00
- C. Child-Care Centers, Social Clubs \_\_\_\_\_ \$ 50.00
- D. Seasonal Farmers' Markets \_\_\_\_\_ \$150.00
- E. Ancillary Food Vendors for Seasonal Events \_\_\_\_\_ \$150.00

Please return your check or money order (**Payable to: Town of Dover**) along with your completed application to the:

**Dover Health Department  
37 North Sussex Street  
Dover, NJ 07801**

If you have any questions regarding this information, please call the  
Dover Health Department at: 973-366-2200 ext. 1120

### **PLEASE NOTE**

**Food and Drink Licenses are valid from January 1 to December 31 of each year.  
Licenses must be renewed during December of each year.  
Failure to renew license by January 31 of the licensing year is subject to a penalty fee of  
\$50.**

**Dover Health Department**  
**Retail Food Establishment Food and Drink License Application**

**Business Information**

Trade Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Business Address: \_\_\_\_\_

Is this business:     **Individually Owned** \_\_\_\_\_     **Partnership** \_\_\_\_\_     **\*Corporation** \_\_\_\_\_

\*If a Corporation, please list the name and address of the President:

\_\_\_\_\_

Description of food services to be rendered: (hot food, sandwiches, etc.):

\_\_\_\_\_

**Food Protection Manager Certification?** YES \_\_\_ NO \_\_\_ (attach copy of certificate as proof)

**Square Feet of Floor Area:** \_\_\_\_\_ **Number of Food Handling Employees:** \_\_\_\_\_ **Seating Capacity:** \_\_\_\_\_

Name of Professional Exterminating Company: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Owner Information**

Name of Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Owner's Home Address: \_\_\_\_\_

**Licenses are not transferable. Licenses may be suspended or revoked by the Dover Health Department upon violation of purposes, intent and provisions of Chapter 24 of the NJ State Sanitary Code, the Food and Beverage Vending Machine Code, the Solid Waste Code, other ordinances of the Dover Health Department, and statutory laws of the State of New Jersey relating the conduct of such businesses.**

In consideration of such license, I hereby agree to conduct the said premises in conformance with the purpose, intent and provisions of the above-mentioned codes or ordinances stated herein.

\_\_\_\_\_  
Signature and Title of Applicant

\_\_\_\_\_  
Date

**Application must be completed in its entirety. Incomplete forms will be returned**

Official Use Only – Do Not Write In This Box

Fee:     Check    Money Order    Check#                      Date:                      License #:                      Risk Type: