

**Wayne Township Health Department**  
**475 Valley Road Wayne, NJ 07470**  
**Phone: 973-694-1800 Fax: 973-696-8186**

New \_\_\_\_\_

Renewal \_\_\_\_\_

**Retail Food Establishment License Application**

**OWNER:**

Owner/Corp/Partner/LLC/Sole Prop: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_ Owner Email Address: \_\_\_\_\_

**ESTABLISHMENT:**

Trade Name / DBA: \_\_\_\_\_ Establishment Phone: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Name of Person in Charge on site: _____	Email of Person in Charge on site: _____	Phone: _____
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Name of Certified Food Manager: _____	Email of Certified Food Manager: _____	Phone: _____
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License fees are based on the **total square footage** of the establishment, as follows

Up to 999 square feet - \$100.00	1,000 to 4,999 square feet - \$200.00
5,000 to 9,999 square feet - \$250.00	10,000 to 14,999 square feet - \$300.00
15,000 + square feet - \$350.00	

**Please note the following:**  
 New establishments must include a floor plan indicating square footage with this application.  
 Licenses are valid for one year, from July 1<sup>st</sup> through June 30<sup>th</sup>. License fees are **non-refundable**.  
 Make checks payable to "Township of Wayne" and submit with this application.

The undersigned hereby applied for a Retail Food Establishment license and agrees to comply with and abide by all of the ordinances, rules, and regulations of the Township of Wayne and Wayne Township Health Department.

Applicant Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Fee Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_ License # \_\_\_\_\_

New Applicant Only: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date Approved: \_\_\_\_\_