

Borough of Paramus

Health Department

1 West Jockish Square

Paramus, NJ 07652

(201) 265-2100 ext. 2300 | Fax (201) 225-9014

health@paramusborough.org | ParamusBorough.org/151/Health

Application for Permit

Please print clearly and fill out this form completely.

This Application is submitted on behalf of: _____
(Name of Corporation, Partnership, or Individual Owner)

(Owner Address)

(Trading As)

(Establishment Address)

(Establishment Phone Number)

(Owner Phone Number)

(Establishment Fax Number)

(Email Address)

With Payment of Fee (See enclosed fee schedule for required fee) \$ _____

I am/We are cognizant of the regulation of the New Jersey Department of Health and Senior Services and the Paramus Department of Health and agree to be governed thereby. This permit will expire on December 31st of each calendar year and renewal applications shall be filed by December 31st. Failure to comply will result in a late fee being applied in accordance with applicable Ordinance.

BUSINESS LICENSE REQUIRED PRIOR TO OBTAINING A HEALTH PERMIT.

(Date of Application)

(Name & Title)

(Signature)

Restaurant _____ **(Seating Capacity)** _____

Food Establishment _____ **Retail Establishment** _____ **Supermarket/Deli** _____

Up to 6,000 Sq. Ft. _____ **6,001 Sq. Ft. to 10,000 Sq. Ft.** _____ **Larger than 10,000 Sq. Ft.** _____

Do you have a certified food manager on the premises every shift? Yes ____ No ____

If the answer is no to the above question, please contact the Health Department for registration information

_____ **Mobile Caterer (Peddler's License mandatory prior to obtaining Food-Handling Permit)**

_____ **Body Art (See enclosed document which MUST be submitted with application)**

_____ **Pet Shop/Kennels**

_____ **Swimming Facilities (Name and Address of Certified Pool Operator)** _____

_____ **Tanning Salon**

For Office Use

Date Received _____ Receipt No. _____ Permit No. _____ Fee Paid _____