

Paramus Board of Health & Human Services

JOCKISH SQUARE

PARAMUS, NEW JERSEY 07652

TEL: 201-265-2100 EXT. 2300 – FAX: 201-225-9014

Email: Health@paramusborough.org

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Plan Review Fee is \$100.00

Please make checks payable to:
"Paramus Health Department"

_____ NEW _____ REMODEL _____ CONVERSION

Name of Establishment: _____

Type of Food Operation: Restaurant _____, Institution _____, Daycare _____,
Retail Food Store _____, Other _____.

Establishment Address: _____

Phone (if available): _____

Name of Owner: _____

Owner's Mailing Address: _____

Owner's Telephone: _____

Owner's Email Address: _____

Applicant's Name: _____

Title (owner, manager, architect, etc): _____

Applicant's Telephone: _____

Applicant Email Address: _____

Hours of Operation: Sun _____ Thurs. _____
 Mon _____ Fri. _____
 Tues. _____
 Wed. _____

