

**Westfield Regional Health Department**  
425 East Broad Street  
Westfield, New Jersey 07090  
(908) 789-4070, Fax (908) 789-4076  
E-mail: [health@westfieldnj.gov](mailto:health@westfieldnj.gov)  
Website: <http://westfieldnj.gov/health>

**LICENSE APPLICATION**

**I hereby make application for the following license:**

- |  |   |
|--|---|
| <input type="checkbox"/> Annual Food License - \$150.00 <i>or</i> \$375.00** | <input type="checkbox"/> <b>Temporary Food Vendor/Farmers Market License***</b> |
| <input type="checkbox"/> Milk License - \$5.00*                              | <input type="checkbox"/> Longer than 48 hours/Farmers Market - \$150.00         |
| <input type="checkbox"/> Mobile Food Vehicle License- \$100.00               | <input type="checkbox"/> Single event up to 48 hours - \$125.00                 |
| <input type="checkbox"/> Electronic Smoking License - \$200.00               | <input type="checkbox"/> Single event up to 24 hours - \$75.00                  |
| <input type="checkbox"/> Pool License - \$175.00                             |   |
| <input type="checkbox"/> Kennel License - \$25.00                            |   |
| <input type="checkbox"/> Food Vending Machine License - \$50.00              |   |

\*Applicable to all establishments that sell pre-packaged containers of milk.

\*\*\$150 – for retail food establishments 9,999 square feet or less or restaurants with 1 to 49 seats *-or-* \$375.00 – for retail food establishments 10,000 square feet or more or restaurants with 50 or more seats.

\*\*\*A temporary food vendor application must be received no later than 5 (five) business days prior to the event.

**Business Owner:**

**Please be advised that licenses (i.e. Food, Milk, etc.) EXPIRE annually on December 31st.**

It is the responsibility of each business owner to be aware of the license requirements and follow up accordingly. All licenses must be renewed prior to January 31<sup>st</sup> of the applicable licensing year. **A late fee of \$50.00 per month shall be assessed for each month, or portion thereof, that a license is renewed after January 31<sup>st</sup>.** New food establishments (not applicable to a Temporary Food Vendor) licensed on or after July 1<sup>st</sup> through December 31<sup>st</sup> shall pay one half of the annual fee for a license to operate.

Name & Address of Establishment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Establishment info: Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Email Address: \_\_\_\_\_

Owner(s) Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner info: Telephone # (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Fax # \_\_\_\_\_ Email Address: \_\_\_\_\_

**It is understood that such license is non-transferable, non-refundable and is granted for the period designated on the license. Furthermore, the license may be revoked upon violation of any pertinent requirements of the Board of Health and/or the laws of the State of New Jersey.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Signature of Inspector/Reviewed and Approved by: \_\_\_\_\_  
Fee: \_\_\_\_\_ Late fee: \_\_\_\_\_ Cash/Check # \_\_\_\_\_ License # \_\_\_\_\_ Date issued: \_\_\_\_\_  
Comments: \_\_\_\_\_

**VITAL INFORMATION SURVEY**

**Name(s) and of person(s) who attended Food Handlers Training Course & date of certification: (current food handler certification required)**

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**Name, Address & Telephone # of the following service providers (If applicable):**

**Exterminator:** \_\_\_\_\_  
\_\_\_\_\_

**Cooking Oil Waste Contractor:**  
\_\_\_\_\_  
\_\_\_\_\_

**Solid Waste Contractor:**  
\_\_\_\_\_  
\_\_\_\_\_

**If applicable, ventilation hood cleaning contractor:**  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*If applicable, please provide the number of seats in your establishment:** \_\_\_\_\_

**TEMPORARY FOOD VENDOR INFORMATION**

Event location(s): \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Complete food and/or beverage list:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many trucks/stands will you be operating? \_\_\_\_\_

Foods will be prepared (check one) - On Site  Commercial location (specify) \_\_\_\_\_

I will keep hot foods above 135 degrees F by the following method: \_\_\_\_\_

I will keep cold foods frozen or below 41 degrees F by the following method: \_\_\_\_\_

I have a current Board of Health License in the following town(s) in NJ: \_\_\_\_\_  
\_\_\_\_\_

Are you participating in any events in Fanwood, Garwood, Mountainside, New Providence, Roselle Park, Springfield or Summit? Yes\* \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate where: \_\_\_\_\_

**\*Please note that licensing is done by each municipality independently. A food vendor license must be secured in each municipality where the event is being held.**