

Board Of Health

579 Ringwood Avenue
Wanaque, New Jersey 07465



Municipal Building
Tel (973) 839-3000
Fax (973) 839-4959
Ext. 7124 or 7122

Dear Licensee:

Enclosed please find an application for your 2024 Retail Food Establishment Food License to be issued by the Wanaque Borough Health Department. Our fee schedule is as follows:

I-A:	Non-seating	40.00
I-B:	Prepackaged	30.00
I-C:	1-50 Seats	70.00
I-D:	51-100 Seats	100.00
I-E:	101 + Seats	150.00
I-F:	201+ Seats	175.00
II:	Supermarket	200.00
III:	School	80.00
IV:	Mobile/Catering	50.00
V:	Temporary (7 Day)	35.00
VI:	Vending Machines	
A:	Pre-packaged	15.00
B:	Gum-Ball	5.00
C:	All Others	20.00
VII:	Non-profit	NO FEE

Our records indicate that your establishment currently operates as a Class ___ facility. As such, please complete the enclosed application and return along with your payment of \$___ to the Wanaque Health Department, 579 Ringwood Avenue, Wanaque, New Jersey, 07465. You may also drop payment in the drop off box located in the Borough Parking Lot by the stop sign, Attn: Food License Application. We will then mail your Food License Certificate.

Should you have any questions regarding this matter, you may contact the office at (973) 839-3000 ext. 7122.

Sincerely,

A handwritten signature in cursive script that reads 'Charlene W. Gungil'.

Charlene W. Gungil
Director/Health Officer

Board Of Health

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2024 FOOD LICENSE APPLICATION

ESTABLISHMENT NAME: _____

LOCATION: _____ **PHONE#:** _____

OWNER/OPERATOR: _____

ADDRESS: _____ **PHONE#:** _____

TYPE OF BUSINESS: _____

NO. OF EMPLOYEES: _____ **FEE:** _____

Food Handler's Certificate

Food Manager's Certificate

This license expires on December 31st of the year in which it is issued and is not transferable. This license may be revoked by action of the Borough of Wanaque Board of Health for failure to comply with applicable state and location standards.

SIGNATURE OF OWNER/AGENT

APPLICATION FEE IS NOT REFUNDABLE

OFFICE USE ONLY

LICENSE #: _____ **FEE PAID:** _____ **DATE:** _____

CHECK #: _____

CASH: _____