

# HALEDON BOARD OF HEALTH

## RETAIL FOOD/ELECTRONIC CIGARETTE APPLICATION

READ CAREFULLY: Complete this 3-page form for an initial application or renewal of an existing retail food, electronic cigarette or vape permit in Haledon and return with a money order or cashier's check payable to the Borough of Haledon NO LATER THAN FEBRUARY 1<sup>st</sup> TO AVOID A \$25 LATE FEE. Permits expire on December 31<sup>st</sup>. Haledon Ordinances are available upon request and accessible through [haledonboronj.com](http://haledonboronj.com) or at [ecode360.com](http://ecode360.com). If an inspection results in a conditional satisfactory or unsatisfactory rating, there will be a reinspection fee in the amount of the fee set out in the table below. For example, if you operate a restaurant with 3 seats, then your application fee is \$150; if you receive a conditional satisfactory or unsatisfactory rating, then your reinspection fee will be another \$150. If you have any questions, contact the Haledon Board of Health at (973) 595-7766, ext.111, or email [vzlatanovic@haledonboronj.com](mailto:vzlatanovic@haledonboronj.com).

To complete your application, you **MUST** submit the following:

- ☐ Completed application
- ☐ Money order or cashier's check payable to Borough of Haledon
- ☐ Proof of ownership (for example, certificate of incorporation)
- ☐ Current food handler's certificate (only for retail food permits)

1. Check off one of the following:

- ☐ New application → Is this a change of ownership? ☐ Yes ☐ No
- ☐ Renewal application

2. If this is a **NEW** application or there has been any changes since your initial application, also attach the following:

- ☐ Floor plan

3. Check off which permit you're applying for:

- ☐ **Retail Food** → See applicable fees below:

Temporary (10 days or less) retail....	\$50	Restaurants with seating:	
Itinerant, prepacked.....	\$100	1-25 seats.....	\$150
Itinerant, prepared.....	\$150	26-50 seats.....	\$200
Convenience store/supermarket:		51-100 seats.....	\$250
Less than 5,000 square feet.....	\$150	101-250 seats.....	\$300
5,000-10,000 square feet.....	\$300	251 or more seats.....	\$400
Over 10,000 square feet.....	\$450	Restaurants without seating.....	\$150
Prepacked only.....	\$150	Not-for-profits.....	None
Vending machine.....	\$25		

- ☐ **Electronic Cigarette/Vape** → \$750 prorated fee for the calendar year

4. Do you have any of the following? If so, please attach copies to this application.

- ☐ Fats, oil and grease approval number from the Passaic Valley Sewerage Commission Pollution Prevention Program or PVSC Annual Certification.
- ☐ Fats, oil and grease trap maintenance logs from the past 90 days for applicants applying for permit renewal.
- ☐ Proof of grease trap or grease interceptor installation for **first-time** applicants applying for a retail food permit.
- ☐ Proof of contract or invoice from a grease trap cleaning business.

**HALEDON BOARD OF HEALTH  
RETAIL FOOD/ELECTRONIC CIGARETTE APPLICATION**

**A. BASIC CONTACT INFORMATION (REQUIRED FOR ALL APPLICANTS)**

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Municipality

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Check Applicable Business Type:

☐ Corporation, LLC or LLP

☐ Partnership

☐ Sole Proprietorship

State of Incorporation: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

\_\_\_\_\_  
Name of Owner #1

\_\_\_\_\_  
Owner's Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Municipality

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Name of Owner #2

\_\_\_\_\_  
Owner's Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Municipality

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email Address

\*\*\* If there are additional owners, please attach their contact information \*\*\*

**HALEDON BOARD OF HEALTH  
RETAIL FOOD/ELECTRONIC CIGARETTE APPLICATION**

**B. ESTABLISHMENT INFORMATION (REQUIRED FOR ALL APPLICANTS)**

Square Footage \_\_\_\_\_

Number of Seats \_\_\_\_\_

Number of Employees (check one):

☐ 1-5

☐ 6-10

☐ 11-15

☐ 16-20

☐ Over 20

Do any of the following apply to you?

☐ You prepare a vegetarian-only menu only

☐ Handle raw ingredients (for example, making sandwiches or cooking meals)

☐ Sell dairy or fish products that require refrigeration

☐ Smoke, curl, can, pickle or bottle any products for human consumption

☐ Rent a kitchen to another retail food business

☐ Rent a kitchen from another retail food business

☐ Operate a full-service kitchen that has a deep fryer or hot grill

☐ Accept SNAP/EBT

☐ Sell electronic cigarette, vape or hookah products

☐ Sell dietary supplements

☐ Sell, provide or administer infant formula

☐ School district, day care or preschool

☐ Carry liability insurance that covers foodborne illness or communicable disease

☐ Sell menthol or flavored cigarette or electronic cigarette/vape products

**C. FOR RETAIL FOOD ONLY**

Are you interested in participating in one or more of the following? If so, check off what you're interested in being contacted about:

☐ Food Truck Festival

☐ Farmer's Market

☐ Haledon Day Festival

☐ Music Festival

☐ Independence Day Celebration

☐ Food Safety Training in Haledon

☐ Street Fair

☐ Donating Food to the Poor

☐ Haledon Municipal Alliance

☐ Special Business District

☐ Buy Local Campaign

About how much of the food that your business sells do you estimate is not consumed and thrown away? \_\_\_\_\_ %

Does your business compost food leftovers? \_\_\_\_\_