



Application is hereby made for a license as set forth above.  
 In accordance with the ordinance Chapter 367 of the City of Clifton, N.J., the following information is submitted:

1. NAME OF APPLICANT (s)/CORPORATION \_\_\_\_\_
2. BUSINESS ADDRESS OF APPLICANT \_\_\_\_\_
3. BUSINESS NAME (DBA) OF APPLICANT \_\_\_\_\_
4. IS APPLICANT AN **INDIVIDUAL**\_\_\_\_, **PARTNERSHIP**\_\_\_\_, **CORPORATION**\_\_\_\_, **LIMITED LIABILITY CORPORATION (LLC)**\_\_\_\_, or **other entity?** (check applicable box)  
 If other entity, explain in full)\_\_\_\_\_

5a. **FOR INDIVIDUAL APPLICANT ONLY:**  
 Full name and residence address of each applicant. Date and Place of Birth  
 1. \_\_\_\_\_  
 \_\_\_\_\_

5b. **FOR PARTNERSHIP APPLICANTS ONLY:**  
 Full name and residence address of each partner. Date and Place of Birth  
 1. \_\_\_\_\_  
 \_\_\_\_\_  
 2. \_\_\_\_\_  
 \_\_\_\_\_  
 3. \_\_\_\_\_  
 \_\_\_\_\_

5c. **FOR APPLICANTS WHO ARE A CORPORATION, LLC, or OTHER ENTITY ONLY:**  
 Full name and residence address Date and Place of Birth  
 1. President \_\_\_\_\_  
 \_\_\_\_\_  
 2. Vice-President \_\_\_\_\_  
 \_\_\_\_\_  
 3. Secretary \_\_\_\_\_  
 \_\_\_\_\_  
 4. Treasurer \_\_\_\_\_  
 \_\_\_\_\_  
 5. Stockholder\* \_\_\_\_\_  
 \_\_\_\_\_

Name and Address of Registered Agent \_\_\_\_\_  
 Address of Principal Office \_\_\_\_\_

\*The term "Stockholder", as used herein, means and includes any person owning or having an interest, either legal or equitable, in 10% or more of the stock or other interest issued and outstanding of a corporation or other entity.

6. Has the applicant or any of the persons whose names are listed in the answer to question number 5a, 5b, 5c ever been arrested for any reason whatsoever?  
 YES \_\_\_\_ NO \_\_\_\_ (check one) If yes, complete below.  
 Name \_\_\_\_\_ Date Arrested \_\_\_\_\_  
 Crime or Charge Involved \_\_\_\_\_  
 Disposition thereof \_\_\_\_\_

7. Has the applicant or any of the persons whose names are listed in the answer to question number 5a, 5b, 5c ever been convicted of a crime?  
 YES \_\_\_\_ NO \_\_\_\_ (check one) If yes, complete below.  
 Name \_\_\_\_\_ Date Arrested \_\_\_\_\_  
 Crime or Charge Involved \_\_\_\_\_  
 Disposition thereof \_\_\_\_\_

(Continue on next page)

BLOCK LOT

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**HEALTH DEPARTMENT USE ONLY**  
 DATE RECEIVED \_\_\_\_\_ CASH \_\_\_\_\_  
 INITIALS \_\_\_\_\_ CHECK \_\_\_\_\_

# Retail Food Establishment

**TYPE OF LICENSE**

SECTION 367-4A of the REVISED ORDINANCES OF THE CITY OF CLIFTON, NEW JERSEY

8. This application is for the following (check fees):

- |   |   |
|---|---|
| <p>a. <input type="checkbox"/> Restaurants</p> <p>1. <input type="checkbox"/> Seating capacity less than 25      \$145.00</p> <p>2. <input type="checkbox"/> Seating capacity 26 to 50      \$225.00</p> <p>3. <input type="checkbox"/> Seating capacity 51 to 100      \$360.00</p> <p>4. <input type="checkbox"/> Seating capacity 101 to 150      \$450.00</p> <p>5. <input type="checkbox"/> Seating capacity greater than 150      \$485.00</p> <p>b. <input type="checkbox"/> Caterers      \$155.00</p> <p>c. <input type="checkbox"/> Food Vending Vehicles (Class A)      \$385.00</p> <p>d. <input type="checkbox"/> Food Vending Vehicles (Class B)      \$220.00</p> <p>e. <input type="checkbox"/> Itinerant restaurants and food demonstration (per year)      \$125.00</p> <p>f. <input type="checkbox"/> Processing fee      \$25.00</p> <p>g. <input type="checkbox"/> Plan Review (as per the Enforcing Official)      \$125.00</p> | <p>h. <input type="checkbox"/> Supermarket or minimarket; grocery store<br/>                 Fee determined by Gross Display Area in Square Feet:</p> <p>1. <input type="checkbox"/> 40,000 or more      \$960.00</p> <p>2. <input type="checkbox"/> 30,000 - 39,999      \$630.00</p> <p>3. <input type="checkbox"/> 20,000 - 29,999      \$510.00</p> <p>4. <input type="checkbox"/> 10,000 - 19,999      \$360.00</p> <p>5. <input type="checkbox"/> 5,000 - 9,999      \$225.00</p> <p>6. <input type="checkbox"/> 2,500 - 4,999      \$145.00</p> <p>7. <input type="checkbox"/> Less than 2,500      \$95.00</p> <p>i. <input type="checkbox"/> Bakery      \$135.00</p> <p>j. <input type="checkbox"/> Meat Market (meat only)      \$150.00</p> <p>k. <input type="checkbox"/> Fruit &amp; Vegetable stand (market and stand)      \$75.00</p> <p>l. <input type="checkbox"/> Milk or Milk Products - Store      \$25.00</p> <p>m. <input type="checkbox"/> Milk or Milk Products - Vehicle      \$25.00</p> <p>n. <input type="checkbox"/> Milk/ Processor      \$500.00</p> |
|---|---|

**TELEPHONE NUMBER:**

(H) \_\_\_\_\_ (C) \_\_\_\_\_ (B) \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

9. Give full description of premises or vehicle sought to be licensed.

If Premises:

If Vehicle:

License Plate #    MAKE    COLOR    MODEL    YEAR    SERIAL NUMBER

10. If applicant is not the owner of the premises or vehicle sought to be licensed, state the interest of the applicant: \_\_\_\_\_

11. State below if proposed premises to be licensed shall be used wholly or partially for purposes other than a restaurant, the type of other use and whether is it licensed:

**DATED** \_\_\_\_\_

WITNESS: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF ***INDIVIDUAL***)

WITNESS: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF ***PARTNER***)

WITNESS: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF ***PARTNER***)

WITNESS: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF ***PARTNER***)

WITNESS: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF ***PARTNER***)

\_\_\_\_\_  
(NAME OF ***CORPORATION, LLC, or OTHER ENTITY***)

ATTEST: \_\_\_\_\_  
(SECRETARY)

BY \_\_\_\_\_  
(SIGNATURE OF PRES. OR VICE-PRES)

(AFFIX CORPORATE SEAL)

**AFFIDAVIT BY INDIVIDUAL APPLICANT**

State of )  
 ) SS  
County of )

\_\_\_\_\_, of full age, being duly sworn according to law, upon his oath deposes and says that:  
(Name of individual applicant)

1. The answers, statements and declarations made in the foregoing application are absolutely true in all respects.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Signature of Officer Administering Oath)

\_\_\_\_\_  
(Title of such Officer)

\_\_\_\_\_  
(Signature of Individual Applicant)

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**AFFIDAVIT BY CORPORATION, LLC, or OTHER ENTITY APPLICANT**

State of )  
 ) SS  
County of )

\_\_\_\_\_, of full age, being duly sworn according to law, upon his oath deposes  
(Name of President or Vice-President)  
and says that:

- 1. He/She is the \_\_\_\_\_ of the corporation named as the applicant in, and which signed the foregoing application.
- 2. He/She was duly authorized by the Board of Directors of said corporation to sign said application in its name and in its behalf.
- 3. He/She had read and fully understands all of the questions pertaining to such applicant corporation, and that all the foregoing answers, statements and declarations made thereto are absolutely true in all respects.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Signature of Officer Administering Oath)

\_\_\_\_\_  
(Title of such Officer)

\_\_\_\_\_  
(Signature of President or Vice-President of Corporate Applicant)

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**AFFIDAVIT BY PARTNERSHIP APPLICANT**

(This affidavit must be signed by ALL partners)

State of )  
 ) SS  
County of )

\_\_\_\_\_  
\_\_\_\_\_  
(Name of all partners)  
of full age, being duly sworn according to law, upon his oath deposes and says (each for himself/herself and not for the others) on their respective oaths, that:

- 1. They are all of the partners of the partnership named as the applicant in the foregoing application.
- 2. They have read and fully understand all of the questions pertaining to such applicant partnership.
- 3. That all the foregoing answers, statements and declarations made thereto are absolutely true in all respects.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Signature of Officer Administering Oath)

\_\_\_\_\_  
(Signature of Partner)

\_\_\_\_\_  
(Title of such Officer)

\_\_\_\_\_  
(Signature of Partner)

\_\_\_\_\_  
(Signature of Partner)

\_\_\_\_\_  
(Signature of Partner)