

TOWNSHIP OF LAWRENCE  
 2207 Lawrence Road  
 Lawrence Township, New Jersey 08648  
 Telephone (609) 844-7089  
 Health Department  
 Retail Food Establishment License Application

NAME OF OWNER \_\_\_\_\_

ADDRESS OF OWNER \_\_\_\_\_ PHONE \_\_\_\_\_

TRADE NAME OF ESTABLISHMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

NAME OF EMERGENCY CONTACT \_\_\_\_\_ CONTACT INFORMATION \_\_\_\_\_

**TYPE OF ESTABLISHMENT**

1. Sales predominantly for on-premise consumption  
 (e.g. restaurant, institution, luncheonette, tavern, cafeteria)
 

a. 50 seats or less.....	\$125.00	
b. 51-200 seats.....	200.00	
c. More than 200 seats.....	335.00	
d. Theatres and Auditoriums.....	335.00	
2. Sales predominantly for off-premise consumption  
 (e.g. grocery store, meat market, delicatessen, liquor store, bakery)
 

a. 0-3,500 sq.ft.....per location	\$ 90.00	
b. 3,501-5,000 sq.ft.....per location	175.00	
c. 5,001-10,000 sq.ft.....per location	325.00	
d. More than 10,000 sq.ft..... per location	450.00	
3. Temporary/Agricultural/Mobile/Catering Service
  - a. Temporary Establishment/Event
 

Occurring weekdays.....	\$ 45.00	
Occurring weekends or holidays.....	90.00	

 List: Location \_\_\_\_\_  
       Date(s) \_\_\_\_\_  
       Type of Event \_\_\_\_\_
  - b. Agricultural Market..... \$ 45.00 \_\_\_\_\_
  - c. Mobile Unit/Catering Service.....per unit 60.00 \_\_\_\_\_  
 List: Vehicle License # \_\_\_\_\_  
       Registration # \_\_\_\_\_  
       Make/Model/Year \_\_\_\_\_
4. Food Vending Machines  
 (Separate license required for each location)
 

a. First machine.....per location	\$ 25.00	
b. Each additional machine located in same building.....	10.00	

 List: Location of machines \_\_\_\_\_  
       Total number of machines \_\_\_\_\_
5. Churches, Veterans' Organizations, Volunteer Fire and First Aid Organizations, and Lawrence Township Parent Teachers Organizations, and Charitable Organizations Operating Food Pantries..... Exempt
6. Duplicate License.....preparation fee \$ 15.00 \_\_\_\_\_
7. Delinquent Fee  
 Each business day.....per day \$ 2.00 \_\_\_\_\_

THE UNDERSIGNED ATTESTS THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

\_\_\_\_\_  
 Signature of Owner or Manager Date

FOR OFFICE USE ONLY

**DISPOSITION OF APPLICATION**

Permit Number \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Fee Collected \_\_\_\_\_

Comments: