

Business Name:

Office Use Only:				
License No				
Date Issued				
Fee Paid				

RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION

Address:				
Business Owner Name:				
Alternate Address:				
Telephone: Email:				
Establishment Type: □ Restaurant □ Hotel □Guest House □Bed & Breakfast □Other				
Number of Seats:	Meals Served: Breakfast Lunch Dinner			
Monmouth County Regional Heathe provisions of the ordinance promulgated by the Board of Heathe provisions of all municipal of	alth Commission. I hereb hereinbefore mentioned ealth of the Borough of Sp Irdinances and regulation per of the Board of Health	y agree, if the ordinance is is and any rules or regulations oring Lake pursuant thereto, s. By virtue of this applicatio	oter 2 effective June 25, 2019 by the sued, to abide by and comply with the heretofore or hereafter and further agree to comply with on, the applicant hereby agrees to tative to inspect the premises to be	
Applicant's Signature: Date:				
License & Fee Schedule Pursuant to Ordinance No. 19-01, Chapter 2 effective June 25, 2019, Monmouth County Regional Health Commission has established the following license and reinspection fee schedule for all food establishments within the Borough:				
Business Type:	Number of Seats:	License Fee:	Re-Inspection Fee: (if required)	
Restaurant	up to 50 seats	\$150.00 per year	\$175.00	
Restaurant	51 to 100 seats	\$250.00 per year	\$175.00	
Restaurant	Over 100 seats	\$400.00 per year	\$175.00	
Between 4,000 and 10,000 sq. feet		\$400.00 per year	\$175.00	
Mobile Vehicles		\$150.00 per year	\$175.00	
Farmer's Market Vendors		\$350.00 per year		
Special Events Lasting One Week in Duration or Less			\$100.00 per vendor/per event (\$25 to Spring Lake/\$75 to MCRHC)	
*Other type of food establishment (pre-packaged foods)		\$75.00 per year	\$175.00	
*Minimum fee for all establishments		\$150.00 per year	\$175.00	
	e fee is set as follows: the late fee equa		ne late fee charge will be in addition to the cost of the ensing per month, except that the minimum late fee	
		CE USE ONLY: CTION REPORT:		
Inspection Date: Re-Inspection Date:				
□ Satisfactory □ Conditional	□Unsatisfactory			
MCRHC, Inspector:				
Remarks:				