

**Board of Health Members**

Kathleen DeMarino, President  
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(VACANT), Member  
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**THE TOWNSHIP OF BLOOMFIELD**

Department of Health & Human Services  
One Municipal Plaza - Room 111  
Bloomfield, New Jersey 07003

**KAREN LORE, MSW, LCSW, DCSW**  
Director Health & Welfare

**MICHAEL FITZPATRICK, HO, MA**  
Health Officer

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www.bloomfieldtwpnj.com/health

**PLEASE READ THE FOLLOWING CAREFULLY**

- 1. Filing of this application does not authorize the applicant to start operating; the application must be approved by the Board of Health and a permit issued prior to operating any business.
- 2. The permit/license, when issued unless a Temporary Permit will expire December 31<sup>st</sup> of each year. Permits/licenses are non-transferable.
- 3. The operator and his employees must observe all applicable codes, ordinances, rules and regulations of the Board of Health of the Township of Bloomfield, the Township of Bloomfield and the New Jersey State Department of Health.

I/We are applying for a license/permit to conduct the following type(s) of business (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Restaurant (Seating capacity: _____) | <input type="checkbox"/> Temporary Food                      |
| <input type="checkbox"/> Food Processing/Wholesale            | <input type="checkbox"/> Vending Machine                     |
| <input type="checkbox"/> Supermarket                          | <input type="checkbox"/> Tattoo/Body Piercing                |
| <input type="checkbox"/> Café/Deli/Single Food                | <input type="checkbox"/> Child Care Center                   |
| <input type="checkbox"/> Food Services                        | <input type="checkbox"/> Nursing/Boarding Home               |
| <input type="checkbox"/> Mobile Catering                      | <input type="checkbox"/> Swimming Pool                       |
| <input type="checkbox"/> Candy Counter                        | <input type="checkbox"/> Beauty/Barber (# of Stations _____) |
| <input type="checkbox"/> Food Handler                         | <input type="checkbox"/> Pet Shop/Kennel                     |
| <input type="checkbox"/> Massage Parlor                       | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Tanning Salon                        |  |

I/We apply for a (please check ONE):

- REGULAR PERMIT/LICENSE (yearly) 20\_\_\_\_  
(Year)
- TEMPORARY PERMIT/LICENSE for \_\_\_\_\_  
Time Period

To operate, handle, sell, distribute, or maintain \_\_\_\_\_  
Type of Services

**Attention License Recipients/Applicants**

Please be advised that payment of and/or issuance of a license/permit from the Board of Health is only one step in the process that legally allows merchants to conduct business in Bloomfield. You may be subject to requirements of other Departments, the Clerk's Office, Mayor and Township Council, State statute or local ordinance. It is your responsibility to inquire of and meet such other requirements.

**Board of Health**

To be known as (Business Name): \_\_\_\_\_

Address of business \_\_\_\_\_

Telephone # \_\_\_\_\_

This application is submitted on behalf of a firm \_\_\_\_\_

Name of Firm

This application is submitted on behalf of a corporation, partnership or individual owner \_\_\_\_\_

\_\_\_\_\_  
Name of Corporation, Partnership or Individual Owner

\_\_\_\_\_  
Address

List of Principles: (for partnership list partners; for corporation list officers and principal agent) Include name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fee payment of \$ \_\_\_\_\_

I am / We are aware of the requirements of the State of New Jersey and the regulations of the Township of Bloomfield and Bloomfield Township Board of Health and agree to be governed thereby.

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Date of Application