



Application is hereby made for a license as set forth above.  
 In accordance with the ordinance Chapter 367 and/or Chapter 245 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

XX  
**HEALTH DEPARTMENT USE ONLY**

DATE RECEIVED \_\_\_\_\_ CASH \_\_\_\_\_

INITIALS \_\_\_\_\_ CHECK \_\_\_\_\_

# RETAIL FOOD OPERATION

## TYPE OF LICENSE

SECTION 245-5 of the REVISED ORDINANCES OF THE CITY OF CLIFTON, NEW JERSEY

8. This application is for the following:

(CIRCLE FEE)

- a. \_\_\_ Supermarket or minimarket; grocery store - Fee determined by Gross Display Area in Square Feet:
  - 1. \_\_\_ 40,000 or more \$ 875.00
  - 2. \_\_\_ 30,000 - 39,999 \$ 575.00
  - 3. \_\_\_ 20,000 - 29,999 \$ 465.00
  - 4. \_\_\_ 10,000 - 19,999 \$ 325.00
  - 5. \_\_\_ 5,000 - 9,999 \$ 205.00
  - 6. \_\_\_ 2,500 - 4,999 \$ 130.00
  - 7. \_\_\_ Less than 2,500 \$ 85.00
- b. \_\_\_ Bakery \$ 125.00
- c. \_\_\_ Meat Market (meat only - includes Fish or Poultry) \$ 70.00
- d. \_\_\_ Delicatessen (sole operation) \$ 60.00
- e. \_\_\_ Candy Kitchen (sale of packaged candy and soda only) \$ 50.00
- f. \_\_\_ Fruit & Vegetable stand (market and stand) \$ 70.00
- g. \_\_\_ Food manufacturer (wholesale only) \$ 500.00
- h. \_\_\_ Retail Frozen Dessert \$ 25.00
- i. \_\_\_ Milk/Store or Vehicle \$ 25.00
- j. \_\_\_ Milk/ Processor \$ 500.00
- k.  Processing Fee \$ 25.00
- l. \_\_\_ Plan Review (as per the Enforcing Official) \$ 100.00

TELEPHONE NUMBER:

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

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

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

\_\_\_\_\_

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

DATED \_\_\_\_\_

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

(SIGNATURE OF INDIVIDUAL)

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

(SIGNATURE OF PARTNER)

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

(SIGNATURE OF PARTNER)

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

(SIGNATURE OF PARTNER)

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

(SIGNATURE OF PARTNER)

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

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

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)

**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)

**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)

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

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

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

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

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