



# RESTAURANT

## TYPE OF LICENSE

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

8. This application is for the following: **(CIRCLE FEE)**
- a.  Restaurants:
    - 1.  Seating capacity less than 25 \$ 130.00
    - 2.  Seating capacity 26 to 50 \$ 205.00
    - 3.  Seating capacity 51 to 100 \$ 325.00
    - 4.  Seating capacity 101 to 150 \$ 410.00
    - 5.  Seating capacity greater than 150 \$ 440.00
  - b.  Drive-In \$ 75.00
  - c.  Caterers \$ 140.00
  - d.  Food Vending Vehicles (Class A) \$ 350.00
  - e.  Food Vending Vehicles (Class B) \$ 200.00
  - f.  Processing fee \$ 25.00
  - g.  Itinerant restaurants and food demonstration (per year) \$ 100.00
- Please list dates & type of Demonstration:
- \_\_\_\_\_
- h.  Plan Review (as per the Enforcing Official) \$ 100.00

## 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**)

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

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

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

(AFFIX CORPORATE SEAL)

# 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. <input checked="" type="checkbox"/> 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)