

BOROUGH OF WOODBURY HEIGHTS
BOARD OF HEALTH
500 ELM AVENUE – WOODBURY HEIGHTS, NEW JERSEY 08097
(856) 848-2832

Application for License
To Conduct an Eating, Selling or Drinking Establishment

_____ 20_____

I, or we, the undersigned, do hereby make application for a license to conduct an eating, selling or drinking establishment in the Borough of Woodbury Heights located at

(Address)

(Name of Establishment)

In making this application I, or we, agree to comply with all the ordinances of the Borough of Woodbury Heights and the Laws of the State of New Jersey covering such establishments. It is further agreed that I, or we, will surrender this license, if granted, to the Board of Health on demand.

Signed _____

Address _____

License Number _____

Date issued _____

Inspected _____

Recommendations _____

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_____20_____

The Woodbury Heights Sanitary Code requires that a license shall be obtained for the sale or distribution of milk in this borough. The fee is \$5.00 per year and the license shall expire on the 31st day of December. Application may be made on this form.

The sale of raw milk or raw products thereof, except certified milk, is prohibited.

A copy of the Sanitary Code regulating the sale and distribution of milk may be had upon request.

Application for Milk License
Borough of Woodbury Heights

_____20_____

I hereby apply for a license to sell milk in the Borough of Woodbury Heights for the year of _____ and agree to comply with the regulations set forth by the Sanitary Code. The information on the reverse side is true and complete to the best of my knowledge.

(Company)

(Signature)

(Position)

PERMIT APPLICATION
AND
INSPECTION FORM
SANITARY SEWER GREASE TRAP
BOROUGH OF WOODBURY HEIGHTS
GLOUCESTER COUNTY, NJ

Borough Use Only Application #: _____ Permit Year Jan. 1, 20 _____ To Dec. 31, 20 _____ Approved or Denied (Circle One)

1. Date _____ (By applicant)
2. Status: New _____ or Renewal _____ (Check only one)
3. Year for which application is being made (See note – bottom of Page 2)

Permit Year

January 1, 20 _____
to _____ (Fill in year number)
December 31, 20 _____

4. Name & address of Applicant:
 - a. Trade Name: _____
Address of Building: _____
Telephone Number at Building: _____
 - b. Owner's Name: _____
Address: _____
Business Phone: _____
 - c. Contact Person (Manager) _____
Telephone Number: _____

5. Tax Map Lot No. _____ Block No. _____

6. Fees:

a. <u>New Application</u>	Date:	Signed:
I. Permit Processing Fee	\$35.00 _____	_____
II. Engineering Review Fee	\$250.00 _____	_____
III. Municipal Inspection	\$90.00 _____	_____

a. <u>Renewal Application</u>	Date	Signed
1. Permit Processing Fee	\$10.00 _____	_____
2. Municipal Inspection	\$90.00 _____	_____

7. Inspection	Date:	By:	<u>SATISFACTORY</u>	<u>UNSATISFACTORY</u>
Engineer (new application)	_____	_____	_____	_____
	_____	_____	_____	_____
Municipal	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

NOTE: Three (3) consecutive non-satisfactory reports shall be construed as failure to comply with the Ordinance and will be sufficient reason to deny permit application.

8. Municipal APPROVED or DENIAL (Circle One)

_____ Approved Denied

Borough Clerk (Circle One)

And

_____ Approved Denied

Borough Supervisor (Circle One)

Important Note: This permit, when approved, shall be in effect from January 1 to December 31 of each calendar year.

GREASE TRAP CLEANING VALIDATION FORM

In accordance with Ordinance 87-8. Maintenance, approved grease traps shall be cleaned out at a minimum of once every ninety (90) days. (See attached)

PLEASE COMPLETE THE FOLLOWING AND RETURN WITHIN FIVE (5) DAYS FOLLOWING THE CLEANING OF THE GREASE TRAP. A COPY OF THE RECEIPT OF WORK COMPLETED MUST BE ATTACHED TO THIS FORM.

NAME OF APPLICANT: _____

ADDRESS OF BUILDING: _____

BLOCK AND LOT: _____

TELEPHONE #: _____

CLEANING COMPANY: _____

ADDRESS OF COMPANY: _____

TELEPHONE #: _____

DATE OF CLEANING: _____

LOCATION OF GREASE TRAP: _____

MANIFEST OF DISPOSAL: _____

APPLICANT SIGNATURE: _____ DATE: _____

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BOARD OF HEALTH
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**Application for License and/or Permit
For Operation and Maintenance of Food and
Beverage Vending Machines and Devices**

_____20_____

I, or we, the undersigned, do hereby make application for a license and or permit to operate and maintain food and beverage vending machines or devices in the Borough of Woodbury Heights, N.J., located at the following place or places: _____

Name of Establishment	Address
Name of Establishment	Address
Name of Establishment	Address

Number of Machines _____

In making this application I, or we, agree to comply with all the ordinances of the Borough of Woodbury Heights and the Laws of the State of New Jersey covering such establishments. It is further agreed that I, or we, will surrender this license, if granted, to the Board of Health on demand.

Signed _____

Address _____

License Number _____
Permit Number _____
Date Issued _____

Inspected _____
Recommendations _____

APPLICATION FOR VENDING MACHINE LICENSE

In compliance with local Ordinance No. 63-2 titled: AN ORDINANCE TO LICENSE AND REGULATE THE INSTALLATION, OPERATION AND MAINTENANCE OF AMUSEMENT GAMES AND MACHINES OF THE TYPE COMMONLY KNOWN AND DESIGNATED AS ELECTRIC CRANE MACHINES, BAGATELLE, POOL TABLES, BALLY-HOO OR PINBALL, AMUSEMENT GAMES AND THE INSTALLATION AND MAINTENANCE OF COIN MUSIC BOXES IN THE BOROUGH OF WOODBURY HEIGHTS.

APPLICANT: _____ **Date** _____
Name

_____ **App. No.** _____
Address

MACHINE: _____ **Fee:** _____
Exact location

_____ **Penalty** _____
Type of Machine or Box

Has the applicant ever been convicted of any crime or violation of any Federal, State or Local Laws? _____

If the answer to the above is yes, complete the following:

Nature of Conviction: _____

Where: _____

When: _____

Approval:

Fire Co. _____

Report: _____

Police Dept. _____

Report: _____

Council: _____

THIS LICENSE SHALL BE IN EFFECT FROM JANUARY 1 TO DECEMBER 31 OF EACH CALENDAR YEAR.

Applicant's Signature