

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

# FOOD

## 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:

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**Name & address of Applicant:**

**Trade Name:** \_\_\_\_\_

Address of Building: \_\_\_\_\_

Telephone Number at Building: \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Contact Person (Manager)** \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**The fee is \$50.00 per year and the license shall expire on the 31<sup>st</sup> day of December.**

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 \_\_\_\_\_ ←

\_\_\_\_\_ ←

*Borough Use Only*

License Number \_\_\_\_\_

Inspected \_\_\_\_\_

Permit year \_\_\_\_\_

Recommendations \_\_\_\_\_

Date Issued \_\_\_\_\_

\_\_\_\_\_

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

*Borough Use Only*

License #: \_\_\_\_\_

Permit Year \_\_\_\_\_

Date Issued \_\_\_\_\_

# MILK

The Woodbury Heights Sanitary Code requires that a license shall be obtained for the sale or distribution of **milk** in this borough.

**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 may be made on this form.

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## Application for Milk License

Borough of Woodbury Heights

\_\_\_\_\_ 20 \_\_\_\_\_

I hereby apply for a license to sell **milk** in the Borough of Woodbury Heights and agree to comply with the regulations set forth by the Sanitary Code.

### Name & address of Applicant:

**Trade Name:** \_\_\_\_\_

Address of Building: \_\_\_\_\_

Telephone Number at Building: \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Contact Person (Manager)** \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**The fee is \$5.00 per year and the license shall expire on the 31<sup>st</sup> day of December.**

**↓ Persons from whom milk is purchased must be indicated here ↓**

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The information on this application is true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature ←

PERMIT APPLICATION  
AND  
INSPECTION FORM  
**SANITARY SEWER GREASE TRAP**  
BOROUGH OF WOODBURY HEIGHTS  
BOARD OF HEALTH  
500 ELM AVENUE – WOODBURY HEIGHTS, NEW JERSEY 08097  
(856) 848-2832  
GLOUCESTER COUNTY

<i>Borough Use Only</i>
License #: _____
Permit Year _____
Date Issued _____

1. **Date** \_\_\_\_\_
2. **Status:** New \_\_\_\_\_ or Renewal \_\_\_\_\_ (Check only one)
3. **Permit Year** for which application is being made: January 1, 20\_\_\_\_ to December 31, 20\_\_\_\_
4. **Name & address of Applicant:**

**Trade Name:** \_\_\_\_\_

Address of Building: \_\_\_\_\_

Telephone Number at Building: \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Contact Person** (Manager) \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

5. **Tax Map:** Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_

6. **Fees:** A. **New Application**

I. Permit Processing Fee	\$ 35.00
II. Engineering Review Fee	250.00
III. Municipal Inspection	<u>90.00</u>
	<b>\$375.00</b>

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- B. **Renewal Application**

I. Permit Processing Fee	\$ 10.00
II. Municipal Inspection	<u>90.00</u>
	<b>\$100.00</b>

\_\_\_\_\_  
Applicant's Signature ←

Application Number: \_\_\_\_\_

Permit Application & Inspection Form  
Sanitary Sewer Grease Trap  
Borough of Woodbury Heights, Gloucester County

7. <b>Inspection</b>	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      **APPROVAL**      or      **DENIAL**      (Circle One)

\_\_\_\_\_ Approved      Denied  
Borough Clerk      (Circle One)

And

\_\_\_\_\_ Approved      Denied  
Borough Supervisor      (Circle One)

Return this form quarterly to:

**BOROUGH OF WOODBURY HEIGHTS**  
**BOARD OF HEALTH**  
500 ELM AVENUE  
WOODBURY HEIGHTS, NEW JERSEY 08097

## GREASE TRAP CLEANING VALIDATION FORM

DATE: \_\_\_\_\_

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 \_\_\_\_\_ LOT: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

CLEANING COMPANY: \_\_\_\_\_

ADDRESS OF COMPANY: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

DATE OF CLEANING: \_\_\_\_\_

LOCATION OF GREASE TRAP: \_\_\_\_\_

MANIFEST OF DISPOSAL: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature ←

**§ 87-7. Maintenance.**

The approved grease traps shall be cleaned out at a minimum of once every ninety (90) days. Validation of the routine cleaning shall be done on forms supplied and available at the Borough Clerk's office, said forms to be completed and forwarded to the Clerk's office within five (5) days following the cleaning of the grease trap. Failure to comply with the above time schedule for submission of forms validating periodic [ninety (90) days maximum] grease trap cleaning shall result in a penalty of one hundred dollars (\$100.00) per day for thirty (30) days commencing on the 95th day. Failure to comply shall result in a closing of the sanitary sewer lateral leading from the place of business to the municipal sanitary sewer drainpipe located in a street or easement. Should inspection reveal that the grease traps require more frequent cleaning than the minimum ninety-day period, the particular commercial operation shall be notified by the Clerk's office of a more stringent cleaning schedule required.

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BOARD OF HEALTH  
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## FOOD AND BEVERAGE VENDING MACHINES

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 location:

(Please use separate application for each location.)

### Name & address of Applicant:

Trade Name: \_\_\_\_\_

Address of Building: \_\_\_\_\_

Telephone Number at Building: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Contact Person (Manager) \_\_\_\_\_

Telephone Number: \_\_\_\_\_

***This license, when approved, shall be in effect from January 1 to December 31 of each calendar year.***

Number of Machines \_\_\_\_\_

**Fee:** \$50.00 (Location Fee)

**Plus** \$25.00 (Per Machine)

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 \_\_\_\_\_ ←

\_\_\_\_\_ ←

<i>Borough Use Only</i>	
License Number _____	Inspected _____
Permit Year _____	Recommendations _____
Date Issued _____	_____

BOROUGH OF WOODBURY HEIGHTS  
BOARD OF HEALTH  
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<i>Borough Use Only</i>
License #: _____
Permit Year _____
Date Issued _____

**AMUSEMENT**

APPLICATION FOR AMUSEMENT  
GAMES AND MACHINES 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.

DATE: \_\_\_\_\_

**Name & address of Applicant:**

**Trade Name:** \_\_\_\_\_

Address of Building: \_\_\_\_\_

Telephone Number at Building: \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Contact Person (Manager)** \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**This license when approved shall be in effect from January 1 to December 31 of each calendar year.**

**Number of machines:** \_\_\_\_\_

_____ / _____	
Type of Machine or Box	Exact Location
_____ / _____	
Type of Machine or Box	Exact Location
_____ / _____	
Type of Machine or Box	Exact Location

Use other side for additional machines

**Fees:** 1 to 3      \$100.00 (per machine)  
4 to 25      \$50.00 (per machine)  
26 & Over      \$30.00 (per machine)

\_\_\_\_\_  
Applicant's Signature ←