

SOUTH PLAINFIELD HEALTH DEPARTMENT
2480 Plainfield Avenue, South Plainfield, NJ 07080
FARM PRODUCE LICENSE APPLICATION

ESTABLISHMENT INFORMATION:

Name: _____ Phone #: _____

Address: _____ Fax #: _____

OWNER INFORMATION:

Name: _____ Phone #: _____

Address: _____

MANDATORY EMAIL ADDRESS: _____

EMERGENCY CONTACT PERSON:

NAME: _____ TITLE: _____

EMERGENCY/AFTER HOURS PHONE NUMBER: _____

NON-REFUNDABLE APPLICATION FEE

<u>FARM PRODUCE</u>	<u>AMOUNT</u>	
1 UP TO 1,000 SQ. FT.	\$ 75.00	_____
OVER 1,000 SQ. FT.	\$125.00	_____
LATE PENALTY	\$50.00 PER MONTH AFTER MARCH 31ST	_____

TOTAL AMOUNT: _____

NOTE: Application is to be completed and returned with a check payable to the "South Plainfield Health Department" by March 31st otherwise a \$50.00 PER MONTH late fee will be incurred.

FOR OFFICE USE ONLY.

LICENSE # _____ DATE ISSUED: _____

METHOD OF PAYMENT: CASH \$ _____ CHECK \$ _____ CHECK NUMBER _____