

(office use only)

FEE FOR THIS  
ESTABLISHMENT

DATE OF  
ISSUE

LICENSE  
NUMBER



# BOROUGH *of* ROSELAND

## Health Department

140 Eagle Rock Ave., Roseland New Jersey 07068

(973) 428-3035

### APPLICATION FOR LICENSE TO OPERATE A DAY CARE CENTER

Read Entire Application *BEFORE* Signing

1. SUBMISSION OF PLANS: INSPECTIONS

Whenever a retail day care center is constructed or extensively remodeled and whenever a structure is converted for use as a DAY CARE CENTER, plans and specifications pertaining to the health and sanitary aspects of the operation (including equipment layout and design, construction materials of all surfaces, overview of operation, etc) shall be submitted directly to the Health Department for review and approval *before* construction or remodeling can begin. A pre-operational inspection by the Health Department is required prior to the operation of any new or remodeled establishment.

2. EXPIRATION OF LICENSE: RENEWAL

Every license issued shall expire December 31st of the year of its issue. Applications for renewal shall be submitted with the required fee at least ten (10) days prior to December 31st of each year. A **\$100.00 LATE FEE WILL BE CHARGED TO ALL APPLICATIONS RECEIVED AFTER DECEMBER 31ST.**

3. CHANGE OF OWNERSHIP INSPECTION

DAY CARE Licenses are *NOT TRANSFERABLE*. All day care establishments which change ownership, including re-incorporation, are required to obtain a new license and be inspected by the Health Department *before* the new owners may begin operation.

4. FEES

**Please note that the fee schedule has been revised. It is imperative that you accurately fill out this application in order for the appropriate fee to be issued. Please read through this section carefully.**

TOTAL SQUARE FOOTAGE : \_\_\_\_\_

**FEE: \$100.00**

5. Name of Establishment: \_\_\_\_\_

6. Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

7. Name of Owner(s) \_\_\_\_\_

8. Home or Corporate Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ E- Mail Address \_\_\_\_\_

*(If Corporation, give corporate name & address as well as name and address of agent)*

9. If premises are leased or rented, give owners name & address  
\_\_\_\_\_

10. Number of square feet of floor space (including storage area)  
\_\_\_\_\_

11. Name & phone # of Waste Disposal Service  
\_\_\_\_\_

12. List other names & addresses of food & beverage suppliers:  
\_\_\_\_\_

13. List types of foods & beverages (attach menu, if applicable):  
\_\_\_\_\_

14. I understand that this establishment is being licensed under the Borough of Roseland Ordinance, Chapter 122 of the state of New Jersey Sanitary Code (N.J.A.C. 8:24;1-1 et.seq.). In consideration of such license, I hereby agree to at all times conduct the said premises in conformance with the proposed intent and provisions of the Borough of Roseland and Chapter 122 of the NJ State Sanitary Code, the amendments and supplements thereto and other Ordinances of the municipality and statutory laws of the State of New Jersey relating to the conduct of such business.

**FEE TOTALS:**

**TOTAL AMOUNT DUE: \$100.00**

I have read and understand all the above requirements and agree to abide by them as a conditions of this license.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Title of Applicant \_\_\_\_\_