

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:

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 31st 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.

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 31st day of December.

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

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>
	\$375.00

-
- B. **Renewal Application**

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

Applicant's Signature ←

Application Number: _____

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

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 **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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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 _____	_____

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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 ←