

Township of Little Falls

County of Passaic

New Jersey

Tel. 973-256-0170
 Fax 973-890-4501



225 Main Street
 Little Falls, N.J. 07424

Incorporated 1868

Business Classification License Application 2023

Establishment T/A: _____

Establishment Address: _____

Telephone # _____ Fax# _____ E-Mail _____

Owner/Operator: _____

Address: _____ Telephone No. _____

Please mark (x) the appropriate license class which applies and submit fee.
 Make checks payable to: **TOWNSHIP OF LITTLE FALLS**

- | | |
|--|---|
| <p><i>Retail Food Establishments</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> I-A: Non-Seating (<12,000 sq. ft.) \$150.00 <input type="checkbox"/> I-B: Prepackaged (<12,000 sq. ft.) 50.00 <input type="checkbox"/> I-C: 1-50 Seats 150.00 <input type="checkbox"/> I-D: 51-100 Seats 200.00 <input type="checkbox"/> I-E: 101+ 300.00 <input type="checkbox"/> II: Supermarkets 500.00 <input type="checkbox"/> III: School 100.00 <input type="checkbox"/> IV: Mobile Food 150.00 <input type="checkbox"/> V: Temporary (7 Days) 35.00 <input type="checkbox"/> VI: Vending <ul style="list-style-type: none"> <input type="checkbox"/> Prepackaged 20.00 <input type="checkbox"/> Gum Balls 5.00 <input type="checkbox"/> All Others 40.00 <input type="checkbox"/> VII: Non-Profit No Fee | <p><i>Recreational Bathing License</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Hot Tub/Spa \$50.00 <input type="checkbox"/> Swimming Pool 75.00 <input type="checkbox"/> Wading Pool 50.00 <p><i>Body Art License</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Initial Plan Review \$100.00 <input type="checkbox"/> Tattooing 300.00 <input type="checkbox"/> Permanent Cosmetic 300.00 <input type="checkbox"/> Body Piercing 300.00 <input type="checkbox"/> Tattooing or Permanent Cosmetic And Body Piercing 300.00 <input type="checkbox"/> Body Art Temporary License 150.00
(maximum 14 days per event) |
| <ul style="list-style-type: none"> <input type="checkbox"/> Automatic Amusement Device Distribution \$500.00 <input type="checkbox"/> Automatic Amusement Device 1st Machine 250.00 <input type="checkbox"/> Automatic Amusement Device 2nd Machine 150.00 <input type="checkbox"/> Laundry (per machine) 10.00 <input type="checkbox"/> Dance Hall 50.00 <input type="checkbox"/> Juke Box 50.00 | <p><i>Outdoor Dining</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Subject to Ord. #990 Regulations \$100.00 <input type="checkbox"/> Clothing Bin 25.00 |

This license expires on December 31st of the year in which it is issued and is not transferable. This license may be revoked by action of the Little Falls Township Board of Health for failure to comply with applicable State and Local standards.

Signature Owner/Agent _____

Office Use Only: License # _____ Fee Paid: _____ Date Received _____