

CITY OF HACKENSACK

Department of Health
215 State Street, Hackensack, N.J.07601-5582
201-646-3965 Fax 201-646-3989

NOTICE: A health license is valid only if a certificate of occupancy has first been obtained from the Department of Building, Housing and Land Use and is currently in effect.

John G. Christ
Health Officer

OUTDOOR CAFE APPLICATION

Trade Name: _____

Facility Address: _____

Facility Phone: _____ Fax: _____

OWNERSHIP INFORMATION - Include the name, residence, address and telephone number of each individual, owner, partner, or if a domestic corporation, the names, residence addresses and telephone numbers of the directors and officers owning a ten (10%-) percent or greater interest in the corporation and the chief operating executive of the corporation and if a non-domestic corporation, the name, residence address and telephone number of the managing officer for service of process within the State of New Jersey and a copy of the qualification of said non-domestic corporation to conduct business in the State of New Jersey.

(City of Hackensack ordinance. No 7-97 Section 5-1)

Owner's Name: _____
(List corporate information if incorporated)

Owner's Address: _____

_____ (City) _____ (State) _____ (Zip)

Owner's Telephone: _____ Fax: _____

Partners or Corporate Directors and Officers.

Name: _____ Phone: _____ Fax: _____

Address: _____ State: _____ Zip: _____

Name: _____ Phone: _____ Fax: _____

Address: _____ State: _____ Zip: _____

(Use additional pages if necessary)

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Department of Health
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OUTDOOR CAPE APPLICATION

APPLICANT INFORMATION.-List, name, address and telephone of applicant if the applicant is different from the owner:

Name: _____ Phone: _____ Fax: _____

Address: _____ State: _____ Zip: _____

Number of customer seats indoor: _____ outdoor: _____ total: _____

Application Status: _____
(New) (Renewal) (Current Lic No.)

I hereby certify that the information supplied in this application is true and accurate.

Signature of Applicant

Date

Applications must be accompanied by three sets of plans and proof of adequate liability insurance, as specified by local ordinance number 7-97. *Liquor license holders must also apply for an amendment to their liquor license, if they wish to serve alcoholic beverages outdoors.*

Do Not Write Below This Line

Approvals Building: _____

Disapproved: _____

Fire: _____

Disapproved: _____

Health: _____

Disapproved: _____

Zoning: _____

Disapproved: _____

Police: _____

Disapproved: _____

License Number: _____

Fee: _____

Date: _____

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