

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 2016

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**

- | <i>Retail Food Establishments</i> | <i>Fee</i> |
|---|------------|
| <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) | 75.00 |
| <input type="checkbox"/> VI: Vending | |
| <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 |
|
 | |
| <input type="checkbox"/> Automatic Amusement Device Distribution | \$500.00 |
| <input type="checkbox"/> Automatic Amusement Device 1 st Machine | 250.00 |
| <input type="checkbox"/> Automatic Amusement Device 2 nd 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 |

- | <i>Recreational Bathing License</i> | |
|--|---------|
| <input type="checkbox"/> Hot Tub/Spa | \$50.00 |
| <input type="checkbox"/> Swimming Pool | 75.00 |
| <input type="checkbox"/> Wading Pool | 50.00 |

- | <i>Body Art License</i> | |
|--|----------|
| <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
(maximum 14 days per event) | 150.00 |

Outdoor Dining

- | | |
|---|----------|
| <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 _____

License 2016

License No. _____

**Township of Little Falls
225 Main Street
Little Falls, NJ 07424**

**APPLICATION FOR LICENSE UNDER THE PROVISION OF THE REVISED
GENERAL ORDINANCES OF THE TOWNSHIP OF LITTLE FALLS ADOPTED
DECEMBER 20, 2004.**

TO THE TOWNSHIP CLERK:

I, the undersigned, do hereby make application for a license to operate a **TAXI/LIMO DRIVER LICENSE** in the Township of Little Falls pursuant to the above-mentioned ordinance, and attach hereto the required fee in the amount of **\$10.00** per driver.

Social Security # _____

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone # _____

Date of Birth _____

Age _____ Height _____ Weight _____ Eye Color _____

Sex _____ Hair Color _____

Driver License # _____

Company Name _____

Please attach a photocopy of current Driver's License.

Name & Title of Person
(Please print)

Signature of Applicant

Date

PLEASE NOTE: All Business Licenses in the Township of Little Falls expire on **December 31**. Licenses are **NOT** transferable.

License 2016

License No. _____

**Township of Little Falls
225 Main Street
Little Falls, NJ 07424**

**APPLICATION FOR LICENSE UNDER THE PROVISION OF THE REVISED
GENERAL ORDINANCES OF THE TOWNSHIP OF LITTLE FALLS, ADOPTED
DECEMBER 10, 2004.**

TO THE TOWNSHIP CLERK:

I, the undersigned, do hereby make application for a License to operate a **TAXI/LIMO VEHICLE** in the Township of Little Falls pursuant to the above-mentioned ordinance, and pay the required fee in the amount of **\$100.00** for each vehicle.

SERIAL # _____

YEAR _____ MAKE _____ MODEL _____ COLOR _____

PLATE # _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY: _____

COMPANY TELEPHONE # _____

Name & Title of person
(Please print)

Signature of Applicant

Date

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License 2016

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**APPLICATION FOR LICENSE UNDER THE PROVISION OF THE REVISED
GENERAL ORDINANCES OF THE TOWNSHIP OF LITTLE FALLS, ADOPTED
DECEMBER 10, 2004.**

TO THE TOWNSHIP CLERK:

I, the undersigned, do hereby make application for a License to operate a
TAXI/LIMO SERVICE in the Township of Little Falls pursuant to the above-mentioned
ordinances, and pay the required fee in the amount of
\$100.00

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____

ZIP _____

TELEPHONE # _____

Corporation Y ___ N ___ Corporation Name _____

Corporation Address _____

Insurance Company Name _____

Address _____

Policy # _____

Insurance Agent Name _____

Insurance Agent Telephone # _____

**If this is a new application rather than a renewal of an existing License, Please complete the
following:**

REFERENCES AS TO CHARACTER AND REPUTATION:

NAME: _____ ADDRESS: _____

NAME: _____ ADDRESS: _____

NAME: _____ ADDRESS: _____

Name & Title of Person
(Please print)

Signature of Applicant

Date

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