

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 2025

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**

Retail Food Establishments

- | | |
|---|----------|
| <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 | |
| o Prepackaged | 20.00 |
| o Gum Balls | 5.00 |
| o All Others | 40.00 |
| <input type="checkbox"/> VII: Non-Profit | No Fee |

Recreational Bathing License

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

Body Art License

- | | |
|--|----------|
| <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 |

- | | |
|---|----------|
| <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 |

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 _____