



# CITY OF NEWARK COVID-19 POLICY BUSINESS REOPENING APPLICATION

Released on May 25, 2020

## **General Information – IMPORTANT – PLEASE READ FIRST**

All Businesses MUST COMPLETE THIS APPLICATION PRIOR TO RE-OPENING. This information is necessary to know how you will be implementing the Protocols. This form must be completed and the certification signed below. A separate form must be completed for each location of every business.

The City of Newark will review your application for compliance and within 48 hours notify you that your application has been approved or disapproved. If your application is approved, a City of Newark representative will arrange an inspection of your business within 24 hours. If your business passes the inspection in accordance with all of the health and safety measures per your submitted plan, your business will be granted a RED, YELLOW, or GREEN certificate and you will be granted approval to reopen your business.

If your application is disapproved or if your business fails the inspection, you may modify the plan or your business protocols and resubmit your application for consideration. The above timelines will apply to the resubmission process.

### **A. General Information**

Name of Retail Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Approval Type:      Curbside: \_\_\_\_\_      In-Store Business \_\_\_\_\_      Both: \_\_\_\_\_

Business Address: \_\_\_\_\_

Approximate Square Footage of Business: \_\_\_\_\_

Ward:              North \_\_\_\_      West \_\_\_\_      Central \_\_\_\_      South \_\_\_\_      East \_\_\_\_

Employer ID Number: \_\_\_\_\_

Manager/Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Proposed Hours of Operations: \_\_\_\_\_

Special Hours for Seniors/At Risk Customers: **Yes** \_\_\_\_\_ / **No** \_\_\_\_\_

**If yes, what are the special hours:** \_\_\_\_\_

**B. Requirement –Social Distancing Compliance - All retail businesses must ensure and enforce social distancing both inside and outside their establishment.**

**Describe what steps are being taken to enforce social distancing both inside and outside the business.** Include procedures to allow for consumers lining up outside the establishment, including 6 feet markings on the sidewalk/pavement, or the use of cones between patrons to ensure 6 feet of separation.

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All retail businesses must ensure that inside facilities prevent the close transmission of droplets that spread the virus. Describe what steps are being taken to place barriers (i.e. plastic or Plexiglas) for any close proximity customer contact; or have you placed direction markers on the floors and in the aisles so that people are only moving in one direction, and have 6 feet of separation?

Please describe in detail:

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Who will enforce social distancing compliance (security, employees, other)?

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**C. Requirement - Personal Protective Equipment (PPE) - Masks, Gloves, Other:**

Employees and customers must wear masks even while practicing social distancing.

How are you enforcing the requirement that all Customers must wear masks when entering the business to make purchases or curbside pickups?

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Are the employees bringing items to customer vehicles? **Yes** \_\_\_\_ / **No** \_\_\_\_.

Are the customers picking up purchases on foot wearing masks? **Yes** \_\_\_\_ / **No** \_\_\_\_.

**D. Requirement - Signage; Display of Instructions to Customers:**

Retail business shall have visible signs with comprehensive instructions outside the establishment for customers to follow concerning curbside pickups.

Have you placed signs instructing customers of curbside pickups and how it will be conducted?

Yes \_\_\_ / No \_\_\_

Do you have a contact number displayed for customers to call before curbside pickup?

Yes \_\_\_ / No \_\_\_ If yes, what is the number? ( \_\_\_ ) \_\_\_\_\_

Do you have designated employees who bring goods outside of the retail establishment and place them directly in the customer's vehicle? Yes \_\_\_ / No \_\_\_

Have you placed Parking signage and or have a plan to direct customers to the curbside pickup area to avoid traffic disruption? Yes \_\_\_ / No \_\_\_

What policy do you or will you have in place for customers to know when they should arrive at the business, or make best efforts to schedule their arrival time in advance?

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The customer shall be asked to remain in their vehicle, if arriving by car, until store staff delivers the purchase. Yes \_\_\_ / No \_\_\_

Retail businesses shall handle customer transactions in advance on line or by phone, email, fax, or other means to avoid person-to-person contact. How are you receiving orders?

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**E. Requirement - Health and Safety Precautions inside the Business:**

Interior sanitation of the business must include cleaning of walls, floors and commonly touched items (doorknobs/handles/countertops) and surfaces using EPA approved products 3 times a day by designated staff members.

Please describe in detail:

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- a. Are you requesting all of your employees, including yourself, to be tested for COVID-19 within 30 days prior to reopening the business? **Yes** \_\_\_\_ / **No** \_\_\_\_
- b. Will you require and document that all employees re-test every 30 days?  
**Yes** \_\_\_\_ / **No** \_\_\_\_
- c. Will you report any employees that test positive for COVID-19 and require employees to quarantine for the mandatory 14 days? **Yes** \_\_\_\_ / **No** \_\_\_\_
- d. Employees that exhibit symptoms or who test positive must inform a supervisor of status and fellow employees must self-monitor for symptoms. Employees cannot return to work unless home isolation is fulfilled and with a doctor's note or health department clearance. Employees that have sick family members must follow CDC quarantine precautions. How are you handling employees that may be exhibiting symptoms of COVID-19?

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- e. Are you supplying your employees with the appropriate Personal Protective Equipment (PPE), including masks and gloves, when delivering a customer's items curbside?  
**Yes** \_\_\_\_ / **No** \_\_\_\_
- f. Have you reduced the number of people in your business to 25% of the normal occupancy?  
**Yes** \_\_\_\_ / **No** \_\_\_\_\_. How many employees are working in the store at any given time? -  
\_\_\_\_\_
- g. Are you requiring infection control practices, such as regular hand washing, coughing and sneezing etiquette, and proper tissue usage and disposal? **Yes** \_\_\_\_ / **No** \_\_\_\_
- h. Are you providing employees break time for repeated handwashing throughout the workday?  
**Yes** \_\_\_\_ / **No** \_\_\_\_

i. Are you providing sanitization materials, such as hand sanitizer and sanitizing wipes, to staff?  
Yes \_\_\_\_\_ / No \_\_\_\_\_

j. Are you requiring frequent sanitization of high-touch areas to which workers have access?  
Yes \_\_\_\_\_ / No \_\_\_\_\_

**F. Requirement - Receiving of Inventory:**

Business owners must ensure that their suppliers are following protocols (some already mentioned in this document) to prevent the spread of COVID-19.

Do you have deliveries of products to your business during operating hours, using the same entrance as customers that are shopping or arriving for curbside pickup? Yes \_\_\_\_\_ / No \_\_\_\_\_

For overall safety of your products, do you reduce exposure of packaging to possible contamination?  
Yes \_\_\_\_\_ / No \_\_\_\_\_

Do you advise vendors that their delivery workers must wear masks and gloves while delivering packages and any documents from vehicles into your business? Yes \_\_\_\_\_ / No \_\_\_\_\_

Do you report delivery workers to their respective companies if delivery workers refuse to wear masks and gloves or display symptoms of COVID-19? Yes \_\_\_\_\_ / No \_\_\_\_\_

**G. Requirement - Business License:**

Have you purchased a valid retail business license (ordinance adopted 2016)?  
Yes \_\_\_\_\_ / No \_\_\_\_\_ Date of the business license: \_\_\_\_\_

If you did purchase a retail business license, did you complete the process by downloading a fire certificate, submitting a valid certificate of occupancy and/or obtaining a police background confirmation? Yes \_\_\_\_\_ / No \_\_\_\_\_

**Note: Businesses that do not have a valid business license or who have not paid their payroll taxes will be approved to reopen under the condition that a valid business license will be obtained and any unpaid payroll taxes will be paid within 60 days from the date of the issuance of the reopening permit.**

**If the business license is not obtained or if any unpaid payroll taxes are not satisfied within 60 days of approval of the application, the approval will be revoked.**

**H. Review of City of Newark Re-Opening Guidance for 1.) Curbside Pick-up/Delivery and/or 2.) In-Store Business Operations AND the City's Large Building Water System Startup Guidelines, if applicable:**

The Owner(s) of the aforementioned business has reviewed and acknowledged the City of Newark's "Curbside and In-Store Pickup Guidelines for Employers and Employees", the City's Large Building Water System Startup Guidelines and have developed a reopening plan in accordance with this guidance. **Yes** \_\_\_\_\_ / **No** \_\_\_\_\_

By signing this form, I acknowledge that all retail businesses must close by 8:00 P.M., daily.

I, \_\_\_\_\_, certify that I am the owner/manager of the above business and that the above information provided is true and accurate to the best of my knowledge. I certify that if any of the above information provided is willfully false, or if the business is found to be non-compliant with the protocol, then the business will be required to close until further notice or until the business is brought into compliance.

\_\_\_\_\_  
Print Name:

**Please hand deliver, fax or email the form to:**

**Department of Economic and Housing  
Development  
920 Broad Street, Room 218  
Newark, NJ 07102  
973-733-3770  
[reopeningplan@newarknj.gov](mailto:reopeningplan@newarknj.gov)  
Subject Line: COVID-19 Re-opening Permit**

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**For Internal Use Only (to be completed by the City of Newark)**

**Submission of Application Date:  
Application Review Completed:  
Date of Approval or Disapproval:  
Date of Inspection:  
Date Business Reopened:**