

Long Hill Township

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT LICENSE

PLEASE MAKE CHECK PAYABLE TO "TOWNSHIP OF LONG HILL"

Send Application and Payment to: Long Hill Board of Health, 915 Valley Rd., Gillette NJ 07933

Name of Event _____ Date of Event _____

Event Coordinator Name: _____

EVENT INFORMATION:

Name _____

Address _____

Telephone _____ Email Address _____

VENDOR/BOOTH OPERATOR INFORMATION:

Trade Name _____

Mailing Address _____

Telephone _____ Emergency Phone _____

Fax _____ Manager/Person in Charge _____

Fee Submitted _____

Temporary Retail Food Establishment \$30.00

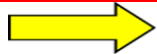
In consideration of such license, I hereby agree at all times to conduct the said premises in conformance with purposes, intent, and provisions of the Food Handling Establishments Ordinance, Chapter 12 of the State Sanitary Code; other ordinances of the Long Hill Township Board of Health, the amendments and supplements thereto, other ordinances of the municipality, and statutory laws of the State of New Jersey relating to the conduct of such business.

No license shall be transferable. License may be suspended or revoked by the Board of Health upon violation of the purpose, intent, and provisions of the Food Handling Establishments Ordinance, other ordinances of the Long Hill Township Board of Health, other ordinances of the municipality, and statutory laws of the State of New Jersey relating to the conduct of such business.

(Signature of Applicant) (Applicant's Title) (Date)

*It is the owner/operator's responsibility for fulfilling requirements of all other relevant local or state entities including Division of Weights & Measures, NJDEP, Construction, Fire, Plumbing Electrical, etc.
Division of Weights & Measures 973-285-2955*

Event Coordinator, please collect one (1) application per vendor and payment when applicable. Coordinator, mail applications and checks to Long Hill Township Board of Health to address highlighted above. One permit will be issued per event. Please have each vendor include a list of the foods they will be serving at the event on the reverse side of this application. There will be no refunds for cancelled events. A minimum of 2 weeks prior to the event is needed to process the license.



Bernards Township Health Department

262 South Finley Avenue
Basking Ridge, NJ 07920
P. 908.204.2520 F. 908.204.3075
www.bernardshealth.org

Contractual Health Agency for:
Bernards Township
Bernardsville Borough
Chester Borough
Long Hill Township
Mendham Borough
Peapack and Gladstone Borough

Description of Food Services to be rendered: _____



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