



Department of Health

BOROUGH OF TENAFLY
NEW JERSEY
07670

OFFICE - MUNICIPAL CENTER
100 RIVEREDGE ROAD, TENAFLY, NJ

201-568-6100

APPLICATION TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT

Fax 201-568-3264

Application Must Be In Legible Print

UPON APPROVAL BY TENAFLY HEALTH DEPARTMENT, THIS ESTABLISHMENT WILL BE LICENSED FOR DATES PROPOSED ONLY. ESTABLISHMENT WILL OPERATE AT A FIXED LOCATION FOR NOT MORE THAN SEVEN (7) DAYS IN CONNECTION WITH A CARNIVAL, CIRCUS, PUBLIC EXHIBITION OR SIMILAR TRANSITORY GATHERING. NO REFUND WILL BE ISSUED BECAUSE OF INCLEMENT WEATHER.

Business/Establishment Name: _____

Business/Establishment Address: _____

Business Phone: _____ Fax: _____

Vehicle Info. If applicable

License Plate No.: _____ State: _____

Owner Information

Name: _____ Home Phone: _____

Home address: _____

- Individual
 Partnership
 Corporation/Firm
 Governmental
 Religious
 Non-profit
 Educational
 Other
 Tax Exempt # _____

Event Information

Proposed Date(s) of operation: _____

Name of Event (if applicable): _____

Name, address & phone for site of operation: _____

Person in charge if different: _____

List all foods and/or beverages that will be offered for sale at the event. Please be descriptive, if additional space is needed, please continue on the back of this application: _____

Site of Food Preparation

Name of preparer: _____

Address: _____

Telephone: _____

IN CONSIDERATION OF THE ISSURANCE OF THIS LICENSE, THE APPLICANT AGREES TO COMPLY AT ALL TIMES WITH THE HEALTH DEPARTMENT CODE AND/OR AMENDEMENTS THERETO AND ANY OR ALL OTHER CODES PROMULGATED. Application will not be processed if owner information (including home or other emergency phone number) are not included.

LICENSE FEE \$50.00

Legal Signature _____

APPLICATION MUST BE RECEIVED SEVEN (7) BUSINESS DAYS PRIOR TO THE EVENT. NO EXCEPTIONS.

-----For Health Department Use Only-----

Licensed Application Approved _____ Disapproved _____ Date _____

Comments _____