

FORT LEE HEALTH DEPARTMENT

APPLICATION FOR A TEMPORARY FOOD ESTABLISHMENT LICENSE

Trade Name: _____

Business Address: _____

Business phone _____ FAX _____

Current license number: _____

Owner's name _____

Owner's address _____

On-site manager _____

Event: _____

Date of event: _____

Location of event: _____

Chairperson of Event:

Name _____ Address: _____ Phone: _____

Description of food to be served: _____

Name of establishment where food has been purchased or prepared: _____

Methods of food preparation and storage of food to be served: (Must comply with NJ Sanitary Code Chapter 24)

License no. _____ Date _____

Fee: \$25 ___ up to 2 days \$50 ___ 3-14 days