



## BOROUGH OF CHESTER HEALTH DEPARTMENT

50 North Rd.  
Chester, NJ 07930  
Telephone: 908-879-3660 Ext. 2128  
Fax: 908-879-0122

### APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT LICENSE

Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Business to be licensed: \_\_\_\_\_

Business Address:

\_\_\_\_\_  
\_\_\_\_\_

Business Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Description of food services to be rendered: \_\_\_\_\_

**Please send a copy of your satisfactory placard, which ensures you are operating in an approved kitchen and are compliant with Chapter 24.**

**If using a flame to cook, applicant must make application with the Fire Safety Officer.  
NO LICENSE SHALL BE TRANSFERABLE.**

Licenses may be suspended or revoked by the Health Department upon violation.

I, \_\_\_\_\_, hereby apply for a license to operate a retail food establishment and agree to comply with, and abide by, all the Provisions of Chapter 24 of the New Jersey Sanitary Code and local codes regulating retail food establishments.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

- Fee per event: \$50.00
- Annual temporary license: \$140.00
- **Late fee** surcharge of 50% will be assessed for all permit applications received by the Board of Health less than 10 calendar days before the special event.
- **NO** permit shall be accepted less than 5 calendar days prior to the special event.
- **Checks can be made out to: Chester Borough**

#### **OFFICE USE ONLY:**

Date of application: \_\_\_\_\_

Late Fee: \_\_\_\_\_

Total Fee: \_\_\_\_\_

Permit Number: \_\_\_\_\_