

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 INFORMATION:

Name _____

Address _____

Telephone _____ Email Address _____

VENDOR/BOOTH OPERATOR INFORMATION:

Trade Name _____

Owner Name _____

Mailing Address _____

Telephone _____ Emergency Phone _____

Fax _____ Manager/Person in Charge _____

Fee Submitted _____ Email _____

Temporary Retail Food Establishment \$50.00

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. There will be no refunds for cancelled events. Application(s) must be received a minimum of 10 business days before scheduled event. See page 2 and complete including listing all foods that will be served.



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

Name of Event/Vendor: _____

Date of Event: _____

Mobile Truck [] Yes [] No

If no, please explain food set-up: _____

Food items that will be served:



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