Borough of Watchung

BOARD OF HEALTH **License No.**_____

FOOD HANDLERS
SPECIAL TEMPORARY PERMIT
VALID ONLY FOR DATE(S) SPECIFIED

Name of Applicant: _____

Address: _____

Email and Phone Number: _____

Is The Applicant: ( ) **Individual** ( ) **Partnership** ( ) **Corporation**

If Partnership, Give Name and Home Address of All Partners:

_____

_____

_____

If A Corporation, Give Name and Home Address of All Officers:

_____

_____

_____

In case such license is granted, I agree to comply with and abide by all the provisions, rules and regulations of the Board and the Article of Sanitary Code of the Borough of Watchung.

Date: _____ **Signed:** _____

Date of Application: _____ **FEE: One Day - $25.00**

Date of Event(s): _____ **$10.00 For Each Additional Day**

Inspected by: _____ **Board of Health Approval:** _____

Date(s) Valid: _____

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