



Borough of Watchung

Board of Health

Office Use Only

License Number: _____

License Year: _____

Payment Amount: _____

☐ Cash ☐ Check # _____

TEMPORARY FOOD ESTABLISHMENT

FEE: Day 1: \$25.00 Day 2: \$10.00 Day 3: \$10.00

Please Note: The Fee for Day 1 Is \$25.00. Each Additional Day Is \$10.00.

Name of Business: _____

Address of Business: _____

Name of Applicant: _____

Applicant Address: _____

Applicant Phone Number: _____

Applicant Email: _____

Is the Applicant: : ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC

If Partnership or Corporation, provide the name and home address of all partners or officers:

Event Date(s) Requested: _____

Hours of Event(s): _____

Please provide a statement of the purpose of the special event:

Specific Event Location: _____

☐ By checking this box, I agree to comply with and abide by all the provisions, rules and regulations of the Board of Health found in the Borough of Watchung's code and the NJ Sanitary Code, N.J.A.C. 8:24, in case such license is granted.

***PLEASE SUBMIT APPLICATION TO BOARD OF HEALTH SECRETARY AT:**

Email: dgray@watchungnj.gov (payment must be received before application is processed)
or mail with payment to: 15 Mountain Boulevard, Watchung, New Jersey 07069

Middle-Brook Regional Health Commission Use Only.

Health Inspection and Approval

Date