



# BOROUGH *of* ROSELAND

## Board of Health

140 Eagle Rock Ave., Roseland, NJ 07068

(973) 428 – 3035

### TEMPORARY FOOD AND DRINK LICENSE APPLICATION BOROUGH OF ROSELAND HEALTH DEPARTMENT

- *License Fee \$50.00: Cash or Check made payable to "Borough of Roseland"*
- *Vendor must attach a copy of the **Retail Food License** and most recent **Rating Placard** for their Base of Operation*
- *Completed Application must be sent to the Health Dept at: 140 Eagle Rock Ave., Roseland, NJ 07068*

Event: \_\_\_\_\_

Operating Dates: \_\_\_\_\_ Hours: \_\_\_\_\_

Location: \_\_\_\_\_

Vendor Type & Name \_\_\_\_\_

Address of Vendor: \_\_\_\_\_ Phone: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_ Type: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor or Chairperson: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

TYPES OF FOOD TO BE SERVED: \_\_\_\_\_

\_\_\_\_\_

Food Suppliers: \_\_\_\_\_

WHERE WILL FOOD BE PREPARED? \_\_\_\_\_

I hereby agree at all times to conduct the above referenced operation in conformance with the purposes, intent and provisions of the Borough of Roseland Ordinance Chapter BH:VIII and Chapter 24 of the New Jersey State Sanitary Code. I certify to the best of my knowledge the information printed in this application is accurate and complete.

**Signature of Vendor or Supervisor:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

FOR OFFICIAL USE ONLY

License #

Date Received:

Received By: