

# BOROUGH OF CLOSTER

DEPARTMENT OF HEALTH

JAMES FEDORKO  
HEALTH OFFICER

JIN BAE  
REGISTERED ENVIRONMENTAL  
HEALTH SPECIALIST  
BOH SECRETARY, LICENSING OFFICIAL  
CERTIFIED MUNICIPAL REGISTRAR

BOROUGH HALL  
201-784-06T.493  
FAX No. 201-784-0371



## TEMPORARY FOOD ESTABLISHMENT APPLICATION

FEE: 1-3 days \$75.00

4-7 days: \$125.00

APPLICATION IS HEREBY MADE FOR A TEMPORARY LICENSE FOR FOOD STANDS, FOOD TRUCKS AND CATERED FOOD SERVICE AS DEFINED IN THE REVISED HEALTH CODE OF THE BOROUGH OF CLOSTER, ARTICLES XII.

Date of Event(s) \_\_\_\_\_

LOCATION/ADDRESS OF THE EVENT(S): \_\_\_\_\_

Name of Company: \_\_\_\_\_ TOWN WHERE THE COMPANY IS LICENSED: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Name Person in Charge: \_\_\_\_\_

ADDRESS Person in Charge: \_\_\_\_\_ Phone Number: \_\_\_\_\_

EMAIL ADDRESS of Person in Charge: \_\_\_\_\_

### PLEASE SUBMIT:

1. COPY OF **THE 3 PAGE INSPECTION REPORT IN THE MUNICIPALITY IN WHICH YOU ARE LICENSED** AND
2. **THE FOOD HANDLERS/MANAGER CERTIFICATION**
3. **MENU** of Food that will be served at the event
4. Name and Address where food is purchased

IN CONSIDERATION OF SUCH LICENSE, APPLICANT AGREES TO COMPLY AT ALL TIMES WITH THE STATUTES, ORDINANCES, RULES AND REGULATIONS OF THE NEW JERSEY DEPARTMENT OF HEALTH AND OF THE BOROUGH OF CLOSTER. LICENSE, IF GRANTED, IS UPON EXPRESS CONDITION OF FORFEITURE OR REVOCATION OF LICENSE IN CASE THE LICENSEE, HIS AGENT, OR SERVANT SHALL VIOLATE AGREEMENTS SET FORTH HEREIN.

**PLEASE NOTE:**

- **APPLICATION MUST BE COMPLETED IN ITS ENTIRETY**
- **RETURNED WITH THE APPLICABLE FEE**
- **LICENSES ARE VALID ONLY FOR THE APPLIED DATES**
- **LICENSES ARE NOT TRANSFERRABLE IF BUSINESS IS SOLD**

BY SIGNING BELOW, I HEREBY UNDERSTAND AND COMPLY WITH ALL THE CONDITIONS SET FORTH IN THIS APPLICATION

\_\_\_\_\_  
PRINT NAME AND SIGN

\_\_\_\_\_  
DATE

IF YOU HAVE ANY QUESTION, PLEASE DON'T HESITATE TO CONTACT OUR OFFICE OR EMAIL AT [JBAE@CLOSTERNJ.US](mailto:JBAE@CLOSTERNJ.US)