

LICENSE NO. _____

WAYNE TOWNSHIP HEALTH DEPARTMENT
475 VALLEY ROAD, WAYNE, NJ 07470
PHONE 973-694-1800 FAX 973-696-8186

TEMPORARY RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION

NAME OF APPLICANT _____

TRADE NAME _____

BUSINESS ADDRESS _____

HOME ADDRESS _____

PHONE NUMBERS: _____
HOME BUSINESS CELL

IF INDIVIDUAL OR PARTNERSHIP, STATE NAMES & ADDRESS OF EACH:

NAME ADDRESS PHONE NO. _____

IF APPLICANT IS INCORPORATED, STATE WHERE: _____
(STATE)

NAME ADDRESS _____

PRESIDENT _____

SECRETARY _____

REGISTERED NEW JERSEY AGENT _____

LOCATION, DATE(S) AND TIME(S) OF EVENT: _____

LIST TYPES OF FOODS/BEVERAGES TO BE OFFERED: _____

ALL FOODS/BEVERAGES MUST BE OBTAINED FROM A LICENSED, INSPECTED WHOLESALE OR
RETAIL FACILITY. HOME-PREPARED FOODS ARE STRICTLY PROHIBITED.
PLEASE LIST YOUR FOODS/BEVERAGES SUPPLIER:

FEE: \$50.00 - Valid for 7 Days Only

Make checks payable to Township of Wayne and submit with application.

**The undersigned hereby applies for a Temporary Retail Food Establishment License
and agrees to comply with and abide by all the ordinances, rules and regulations
of the Department of Health of the Township of Wayne.**

Signature of Applicant _____

FOR OFFICE USE ONLY: FEE PAID _____ DATE PAID _____
