

License No. \_\_\_\_\_

Wayne Township Health Department  
475 Valley Road  
Wayne, NJ 07470

Temporary Retail Food Establishment License Application

Name of Applicant \_\_\_\_\_

Trade Name \_\_\_\_\_

Business Address \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

If Individual or Partnership, State Name & Address of Each

Name	Address	Phone No.
_____	_____	_____
_____	_____	_____

If Applicant is Incorporated, state where: \_\_\_\_\_

Name	Address
President _____	_____

Secretary \_\_\_\_\_

Registered New Jersey Agent \_\_\_\_\_

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

List Types of Foods/ Beverages to be Offered:  
\_\_\_\_\_

Fee: \$50.00 – Valid 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 \_\_\_\_\_