

BOROUGH OF GARWOOD
CLERKS OFFICE
403 SOUTH AVENUE, GARWOOD, NJ 07027
EMAIL: CLERK@GARWOOD.ORG
TEMPORARY FOOD LICENSE APPLICATION

**SUBMIT COMPLETED APPLICATION TO THE GARWOOD BOROUGH CLERKS OFFICE WITH
CHECK PAYABLE TO THE BOROUGH OF GARWOOD**

A temporary food vendor application must be received no later than 10 (ten) business days prior to event.

A license is required for each stand/truck participating in a temporary event.

<u>Check License Type below:</u>	<u>Fees</u>
Annual Temporary (includes all yearly events street fairs)	\$100.00
Single event up to 24 hours	\$ 50.00

Event Name: _____ Event Location: _____

Event Dates (s) & Time: _____

Business Name: _____

Business Address: _____

Business Phone #: _____ Emergency Phone #: _____

Email Address: _____

Owner Name: _____

Address: _____

Phone #: _____ Emergency Phone #: _____

Email Address: _____

How many trucks/stands will you be operating? _____

Foods will be prepared: On Site _____ Commercial location _____

Complete food and or beverage list below::

I will keep hot foods above 135 degrees F by the following method: _____

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I will keep cold foods frozen or below 41 degrees F by the following method: _____

Are you conducting any food sampling? _____ If so, please describe your procedure:

Name (s) and of person (s) who attended Food Handlers Training Course & date of certification (current food handler certification required.)

I have a current Board of Health License in the following town (s) in N.J. _____

Are you participating in any events in the Borough of Chatham, Fanwood, Mountainside, New Providence, Roselle Park, Westfield or Summit? Yes _____ No _____

It is understood that such license is non-transferrable, non-refundable and is granted for the period designated on the license. Furthermore, the license may be revoked upon violation of any pertinent requirements of the Board of Health and/or the laws of the State of New Jersey

Applicant Signature: _____ Date: _____

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Signature of Inspector/Reviewed & Approved by: _____

Fee: _____ Late Fee: _____ Cash/Check: _____

License # _____ Date Issued: _____