

**Long Hill Township**

**APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT LICENSE**

**PLEASE MAKE CHECK PAYABLE TO "TOWNSHIP OF LONG HILL"**

**Send Application and Payment to: Long Hill Board of Health, 915 Valley Rd., Gillette NJ 07933**

Name of Event \_\_\_\_\_ Date of Event \_\_\_\_\_

Event Coordinator Name: \_\_\_\_\_

**EVENT INFORMATION:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

**VENDOR/BOOTH OPERATOR INFORMATION:**

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

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Fax \_\_\_\_\_ Manager/Person in Charge \_\_\_\_\_

Fee Submitted \_\_\_\_\_

Temporary Retail Food Establishment \$30.00

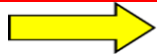
*In consideration of such license, I hereby agree at all times to conduct the said premises in conformance with purposes, intent, and provisions of the Food Handling Establishments Ordinance, Chapter 12 of the State Sanitary Code; other ordinances of the Long Hill Township Board of Health, the amendments and supplements thereto, other ordinances of the municipality, and statutory laws of the State of New Jersey relating to the conduct of such business.*

*No license shall be transferable. License may be suspended or revoked by the Board of Health upon violation of the purpose, intent, and provisions of the Food Handling Establishments Ordinance, other ordinances of the Long Hill Township Board of Health, other ordinances of the municipality, and statutory laws of the State of New Jersey relating to the conduct of such business.*

\_\_\_\_\_  
(Signature of Applicant) (Applicant's Title) (Date)

*It is the owner/operator's responsibility for fulfilling requirements of all other relevant local or state entities including Division of Weights & Measures, NJDEP, Construction, Fire, Plumbing Electrical, etc.  
Division of Weights & Measures 973-285-2955*

Event Coordinator, please collect one (1) application per vendor and payment when applicable. Coordinator, mail applications and checks to Long Hill Township Board of Health to address highlighted above. One permit will be issued per event. Please have each vendor include a list of the foods they will be serving at the event on the reverse side of this application. There will be no refunds for cancelled events. A minimum of 2 weeks prior to the event is needed to process the license.



**Bernards Township Health Department**

262 South Finley Avenue  
Basking Ridge, NJ 07920  
P. 908.204.2520 F. 908.204.3075  
www.bernardshealth.org

*Contractual Health Agency for:*  
Bernards Township  
Bernardsville Borough  
Chester Borough  
Long Hill Township  
Mendham Borough  
Peapack and Gladstone Borough

Description of Food Services to be rendered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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