



**TOWNSHIP OF EAST HANOVER
HEALTH DEPARTMENT
411 RIDGEDALE AVENUE
EAST HANOVER, NJ 07936**



PHONE: (973) 428-3035

FAX: (973)428-2986

**TEMPORARY FOOD AND DRINK LICENSE APPLICATION
TOWNSHIP OF EAST HANOVER HEALTH DEPARTMENT**

• License Fee \$50.00

• Vendor must attach a copy of the **Retail Food License** and most recent **Rating Placard** for their Base of Operation

Event: _____

Operating Dates: _____ Hours: _____

Location: _____

Vendor Type & Name _____

Address of Vendor: _____ Phone: _____

Sponsoring Organization: _____ Type: _____

Address: _____ Phone: _____

Supervisor or Chairperson: _____

Address: _____ Phone: _____

TYPES OF FOOD TO BE SERVED: _____

Food Suppliers: _____

WHERE WILL FOOD BE PREPARED? _____

I hereby agree at all times to conduct the above referenced operation in conformance with the purposes, intent and provisions of Township of East Hanover Ordinance 186 and Chapter 24 of the New Jersey State Sanitary Code. I certify to the best of my knowledge the information printed in this application is accurate and complete.

Signature of Vendor or Supervisor: _____

Date Signed: _____

FOR OFFICIAL USE ONLY

License #

Date Received:

Received By: