

BOROUGH OF MOUNTAINSIDE
1385 Route 22, Mountainside NJ 07092 Tel: 908-232-2400/Fax 908-232-6831
TEMPORARY FOOD VENDOR/OPERATION LICENSE APPLICATION

I hereby make application for a permit to operate:

___ Temporary*** (up to 24 hours) \$50.00 ___ Mobile Vehicle \$75.00 (yearly)

___ Temporary Food Retail Operation \$75.00 (seasonal)

****A license is required for each stand/truck participating in a temporary event or establishment that sells food.**

(Please Print Below)

Name of Applicant _____

Business Tax ID# _____

Association or Establishment Name _____

Street/City/State/Zip Code _____

Home Phone # _____ Business # _____ Cell # _____

Email Address _____

Event Location _____ Event Date _____

Complete food and/or beverage list _____

How many trucks/stands will you be operating? _____

Foods will be prepared (check one) On Site ___ Commerical location (specify) _____

I will keep hot food above 135 degrees by the following method _____

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

(Check one) Generator ___ Electric ___ **I understand that a freezer and/or refrigerator are required.**

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

Are you participating in any events in Fanwood, Garwood, Mountainside, New Providence, Roselle Park, Springfield or Summit? Yes* ___ No ___ If yes please indicate where _____

***Please note that licensing is done by each municipality independently. A food vendor license must be secured in each municipality where the event is being held.**

I understand that if the permit is granted, I must comply with all applicable requirements of the Board of Health and the State of New Jersey, **and that this application must be received no later than 5(five) business days prior to the event.**

It is further understood that such permit is non-transferable, non-refundable and is granted for the period designated on the license and 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 _____

Signature of Inspector/Reviewed and Approve by _____

Fee _____ License # _____ Date issued _____ Comments _____