

License Number: _____	FOR OFFICE USE ONLY Fee: _____	Date Of Issue: _____
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**TOWNSHIP OF HANOVER HEALTH DEPARTMENT  
P.O. BOX 250, 1000 ROUTE 10  
WHIPPANY, NEW JERSEY 07981  
Tel: (973) 515-6667 Fax: (973) 515-3772**

**Application for a License to:**  
**Operate a Temporary Retail Food Establishment** for the purpose of selling or dispensing food and/or drinks.

**Fee: \$50.00** - Churches, non-profit schools, or any organization, society or group whose purpose does not include profit are exempt from the fee.

***I. Applicant Information***

Name of Applicant	
Address of Applicant	
Contact Information Phone: _____ Cell: _____ E-mail: _____	
Location of Event	
Date/Set up time	
<b>Provide a copy of your current Retail Food License</b>	<b>And Inspection Placard</b>

***II. Foodhandling Information***

Provide a menu for the event and provide The mode of service (food truck, tent w/ tables, etc)	
Method of Refrigerating Potentially Hazardous Foods	
Cooking and Hot Holding: Equipment To Be Used	
Location Where Goods Will Be Stored and Prepared	

**Foods, beverages, and single service items must be stored in an approved location at the site of the event or in a licensed retail or wholesale food/beverage establishment. Said items cannot be stored, prepared, or cooked in a private residence.**

***III. Source of Supplies***

Name & Address of Suppliers of the following items:	
Meat Products	
Dairy Products	
Ice	
Water	

**All foods shall be protected against contamination from dust, flies, unclean utensils and work surfaces, unnecessary handling, and other sources of contamination.**

**No license shall be transferable.**

**In consideration of such license, I hereby agree at all times to conduct the said premises in conformance with the provisions of the new Jersey State Sanitary Code and the Code of the Township of Hanover which govern the conduct of said business.**

Name of Agent of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Agent of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Date Approved: _____	Reviewed By: _____
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