

SOUTH PLAINFIELD HEALTH DEPARTMENT
2480 Plainfield Avenue, South Plainfield, NJ 07080

FOR EVENTS - TEMPORARY RETAIL FOOD ESTABLISHMENT APPLICATION

ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____

ESTABLISHMENT TELEPHONE NUMBER: _____

FAX NUMBER: _____

OWNER NAME: _____

OWNER ADDRESS: _____

OWNER TELEPHONE NUMBER: _____

MANDATORY EMAIL: _____

DATE(S) OF EVENT: _____

NAME OF EVENT: _____

IS EVENT SPONSORED BY THE SOUTH PLAINFIELD PUBLIC CELEBRATIONS COMMITTEE OR THE CULTURAL ARTS COMMISSION? YES or NO

NON-REFUNDABLE APPLICATION FEE

<u>LICENSE TYPE</u>	<u>AMOUNT</u>
Public Celebrations Committee or Cultural Arts Commission Sponsored Event \$30.00/Day =	_____
TEMPORARY EVENT \$ 75.00 X _____ DAYS = (PER DAY – PER TENT/VENDOR – UP TO 2 DAYS MAXIMUM=\$150.00) (PER DAY - PER FOOD TRUCK VEHICLE –UP TO 2 DAYS MAXIMUM=\$150.00)	_____
TEMPORARY EVENT – 1 WEEK MAX. \$200.00 X _____ DAYS = (PER WEEK – PER TENT/VENDOR FROM 3 TO 7 DAYS MAXIMUM=\$200.00 FOR WEEK) (PER WEEK – PER FOOD TRUCK VEHICLE FROM 3 TO 7 DAYS MAXIMUM=\$200.00 FOR WEEK)	_____
TOTAL AMOUNT: _____	

*Cancellations by the vendor are non-refundable. *Cancellation of an event by the town is refundable.

FOR OFFICE USE ONLY.

LICENSE # _____ DATE ISSUED: _____

METHOD OF PAYMENT: CASH \$ _____ CHECK \$ _____ CHECK NUMBER _____