

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

TEMPORARY RETAIL FOOD ESTABLISHMENT APPLICATION

ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____

ESTABLISHMENT TELEPHONE NUMBER: _____

FAX NUMBER: _____

OWNER NAME: _____

OWNER ADDRESS: _____

OWNER TELEPHONE NUMBER: _____

DATE(S) OF EVENT: _____

NAME OF EVENT: _____

FEE SCHEDULE

<u>LICENSE TYPE</u>		<u>AMOUNT</u>
TEMPORARY EVENT (PER DAY)	TWENTY FIVE DOLLARS X _____ DAYS =	_____
TEMPORARY EVENT (PER WEEK)	SEVENTY FIVE DOLLARS	_____
ONE DAY PERMIT (VENDER/VEHICLE)	TWENTY FIVE DOLLARS	_____
	TOTAL AMOUNT:	_____

NOTE: APPLICATION IS TO BE COMPLETED AND RETURNED WITH A CHECK PRIOR TO **MARCH 31ST** OF THE YEAR IN WHICH THE LICENSE IS ISSUED.

FOR OFFICE USE ONLY.

LICENSE # _____ DATE ISSUED: _____

METHOD OF PAYMENT: CASH _____ CHECK _____ CHECK NUMBER _____