



Department of Health

BOROUGH OF TENAFLY
NEW JERSEY
07670

OFFICE - MUNICIPAL CENTER
100 RIVEREDGE ROAD, TENAFLY, NJ

201-568-6100

APPLICATION TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT

Application Must Be In Legible Print

UPON APPROVAL BY TENAFLY HEALTH DEPARTMENT, THIS ESTABLISHMENT WILL BE LICENSED FOR DATES PROPOSED ONLY. ESTABLISHMENT WILL OPERATE AT A FIXED LOCATION FOR NOT MORE THAN SEVEN (7) DAYS IN CONNECTION WITH A CARNIVAL, CIRCUS, PUBLIC EXHIBITION OR SIMILAR TRANSITORY GATHERING. NO REFUND WILL BE ISSUED BECAUSE OF INCLEMENT WEATHER.

Business/Establishment Name: _____

Business/Establishment Address: _____

Business Phone: _____ E Mail: _____

Name & Address of Insurance Carrier (attach certificate of insurance): _____

(*General Liability insurance providing a minimum of \$1,000,000 coverage naming the Borough as an additional insured.)

Additional Documents submitted with application: Food Safety Manager Certificate or Food Handler Certificate

Vehicle Info. If applicable

License Plate No.: _____ State: _____

Additional Documents submitted with application: Driver's License, Motor Vehicle Insurance, a Site Plan showing location of mobile truck on the property, ANSUL Inspection Report

Owner Information

Name: _____ Home Phone: _____

Home address: _____

Individual Partnership Corporation/Firm Governmental Religious

Non-profit Educational Other Tax Exempt # _____

Event Information

Proposed Date(s) and Time(s) of operation: _____

Name of Event (if applicable): _____

Name, address & phone for site of operation: _____

Person in charge if different: _____

List all foods and/or beverages that will be offered/for sale at the event. Please be descriptive, if additional space is needed, please continue on the back of this application: _____

**If you are using an open flame in food preparation, you must also contact the Tenafly Bureau of Fire Prevention to acquire a Type 1 permit Application. They can be reached at 201-568-6100, ext. 5566 or visit TenaflyNJ.org under "Fire Prevention Bureau".

Site of Food Preparation

Name of preparer: _____

Address: _____

Telephone: _____

IN CONSIDERATION OF THE ISSURANCE OF THIS LICENSE, THE APPLICANT AGREES TO COMPLY AT ALL TIMES WITH THE HEALTH DEPARTMENT CODE AND/OR AMENDEMENTS THERETO AND ANY OR ALL OTHER CODES PROMULGATED. Application will not be processed if owner information (including home or other emergency phone number) is not included.

LICENSE FEE \$50.00

Legal Signature _____

APPLICATION MUST BE RECEIVED SEVEN (7) BUSINESS DAYS PRIOR TO THE EVENT. NO EXCEPTIONS.

-----For Health Department Use Only-----

Licensed Application Approved _____ Disapproved _____ Date _____

Comments _____