



Borough of Lincoln Park

34 Chapel Hill Road Lincoln Park, NJ 07035 - 1902

Health Department

(973) 270-2040/2036 FAX: (973) 270-2041

TEMPORARY FOOD LICENSE APPLICATION

Owners Name: _____ **Date:** _____

Business Trade Name: _____

Mailing Address: _____

Phone #: _____ **Email:** _____

Individual___ **Partnership**___ **Corporation**___

If a corporation, list the names, addresses and phone numbers of officers.

President _____	Address _____	Phone _____
VP _____	Address _____	Phone _____
Secretary _____	Address _____	Phone _____
Treasurer _____	Address _____	Phone _____
Reg. NJ Agent _____	Address _____	Phone _____

Name of Event: _____ **Date of Event:** _____

Type of services rendered: include type of cuisine and any special preparation processes.

Square Footage_____ **Seating Capacity**_____

Water Supply: Public___ **Other**_____

Grease Pick Up Service_____ **Phone**_____

Employees with Serv-Safe Certification:

Name_____ **Name**_____

You must include copies of Serv-Safe Certificates

NOTE: No license shall be transferrable. Licenses may be suspended or revoked by the Health Department upon violation of the purposes, intent and provisions of Chapter 24 of the New Jersey Sanitary Code, the Food and Beverage Vending Machine Code, The Solid Waste Code, other ordinances of the Health Department, other Borough Ordinances and statutory laws of the State of New Jersey relating to the conduct of such business. License Valid only for calendar year or there part of.

In Consideration of such license, I hereby agree to conduct the said premised in conformance with the purposes, intent and provisions of the above mentioned codes or ordinances stated herein.

Signature _____ Title _____
Date _____

Fee \$20.00
Make check or money order payable to: Borough of Lincoln Park

OFFICE USE ONLY

License fee enclosed: \$ _____ Check# _____

License #: _____

Date license issued: _____

Approved By: _____