

NorthWest Bergen Regional Health Commission
20 West Prospect Street * Waldwick, NJ 07463
Phone: (201) 445-7217 * Fax: (201) 445-4001
www.nwbrhc.org * www.facebook.com/NWBRHC



Temporary Event License Application for Saddle River

1. Filing of this application does NOT authorize the applicant to start operating; the application MUST be approved by the Health Department and a license MUST be issued. ALL information must be filled out.
2. The operator and employees must observe ALL applicable codes, ordinances, rules and regulations of the local Health Department and the NJ State Department of Health; and is subject to and must cooperate with periodic inspections.

I/We herewith, am/are applying for a TEMPORARY HEALTH DEPARTMENT LICENSE FOR 2017.

Temporary Retail Food, \$25 (Fee Waived)

EVENT INFORMATION

Event Name: _____

Event Location: _____

Event Date(s): _____

Event Time(s): _____

LICENSEE INFORMATION

Sponsoring Agency: _____

Sponsoring Agency Location: _____

Contact Name: _____

Contact Phone #: _____

Contact Email Address: _____

Website: _____

CERTIFIED FOOD HANDLER INFORMATION (IF APPLICABLE)

Name: _____ Expires: _____

Name: _____ Expires: _____

FOOD INFORMATION

List ALL foods and beverages to be served and where they will be obtained from. **Please note that home prepared foods are prohibited.** _____

Bare hand contact with ready to eat foods is prohibited. Please indicate the method that will be used to assemble, prepare and serve ready to eat foods. _____

Facilities must be provided for workers to wash their hands. Please indicate how employees will be able to wash their hands. _____

I am/we are aware of the requirements of the State and Municipal Board of Health regulations and agree to be governed thereby.

Date: _____ Print Name: _____

Signature: _____

PAYMENT INFORMATION

Please make checks payable to Borough of Saddle River

For Office Use Only

Date Received:		License # Issued:	
Cash	MO #:	Check #:	
Fee: \$	Late Fee: \$	Total Amount Paid: \$	