

# LACEY TOWNSHIP BOARD OF HEALTH

Mailing Address: 818 Lacey Road, Forked River, NJ 08731  
Office Location: 124 South Main Street, Forked River, NJ 08731

## APPLICATION FOR TEMPORARY RETAIL FOOD ESTABLISHMENT LICENSE

The proper fee must accompany application.

Please make checks payable to *Lacey Township Board of Health*

**TEMPORARY FOOD ESTABLISHMENT - \$10.00**

(Chapter 362-2 License fees; expiration; renewal; posting)

NAME OF APPLICANT: \_\_\_\_\_

APPLICANTS MAILING ADDRESS: \_\_\_\_\_

APPLICANTS EMAIL ADDRESS: \_\_\_\_\_

APPLICANTS PHONE NUMBER: \_\_\_\_\_

TELEPHONE NUMBER FOR EMERGENCIES: \_\_\_\_\_

MILK OR ICE CREAM MIX OBTAINED FROM: \_\_\_\_\_

SHELL FISH OBTAINED FROM: \_\_\_\_\_

### **EVENT INFORMATION:**

NAME OF EVENT: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

TIME OF EVENT: \_\_\_\_\_

DATES OF EVENT: \_\_\_\_\_

RAIN DATE: \_\_\_\_\_

FOOD VENDORS ATTENDING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THE APPLICANT AGREES TO CONDUCT THIS BUSINESS ESTABLISHMENT IN ACCORDANCE WITH CHAPTER 12 OF THE NEW JERSEY STATE SANITARY CODE, ALL APPLICABLE LOCAL ORDINANCES, AND THE ORDINANCES AND RULES, AND REGULATIONS OF THE BOARD OF HEALTH. THE APPLICANT FURTHER UNDERSTANDS AND AGREES THAT SUCH LICENSE AS MAY BE ISSUED UPON APPROVAL OF THIS APPLICATION, MAY BE SUMMARILY REVOKED OR SUSPENDED FOR VIOLATIONS OF THE ABOVE MENTIONED CODE, ORDINANCES, RULES AND REGULATIONS.

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
OFFICE OR TITLE

---

---

### **OFFICE USE**

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ LICENSE # \_\_\_\_\_