

LINDEN BOARD OF HEALTH

908-474-8409

Temporary Retail Food Establishment License Application

(THE USE OF HOME PREPARED FOODS IS PROHIBITED)

Name of Event: _____

Location: _____

Dates: _____ Time(s): _____

Vendor Information

Name of Vendor: _____ Phone # _____

Address(Base of Operations) _____

Phone # _____ FAX _____ Email _____

Owner Information

Name or Corporation: _____

Address _____

If owner is a corporation , please provide information on owners

NAME

ADDRESS

PHONE

Food Operation Information

Types/Sources of Food Products to be sold _____

Will there be any preparation of foods on site: Yes / NO

Please describe: _____

Type of Hot Holding Used: _____

Type of refrigeration used: _____

Source of ICE(if used): _____

Describe handwashing facilities: _____

Signature of operator

Date

FEE: \$20.00

License # _____

Date: _____

Health Officer