

Westfield Regional Health Department
425 East Broad Street
Westfield, New Jersey 07090
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E-mail: health@westfieldnj.gov
Website: <http://westfieldnj.gov/health>

TEMPORARY FOOD LICENSE APPLICATION

I hereby make application for the following license:

Temporary Food Vendor/Farmers Market License*

- Farmers Market Only - \$100.00
- Annual Temporary (includes all yearly events - farmer's market and street fairs, etc.) - \$125.00
- Single event up to 24 hours - \$75.00

*A license is required for each stand/truck participating in a temporary event.

*A temporary food vendor application must be received no later than 10 (ten) business days prior to the event.

It is the responsibility of each business owner to be aware of the license requirements and follow up accordingly.

Event location(s): _____ Event Date(s) & Time: _____

Business Name & Address: _____

Telephone # _____ Fax # _____

Email Address: _____

Name & Address of Owner/Applicant: _____

Telephone # _____ Cell # _____ Fax # _____

Email Address: _____

Complete food and/or beverage list:

How many trucks/stands will you be operating? _____

Foods will be prepared (check one) - On Site _____ Commercial location (specify) _____

I will keep hot foods above 135 degrees F by the following method:

I will keep cold foods frozen or below 41 degrees F by the following method:

Are you conducting any food/beverage sampling? _____ If so
please describe your procedure: _____

Name(s) and of person(s) who attended Food Handlers Training Course & date of certification: (current food handler certification required)

I have a current Board of Health License in the following town(s) in NJ:

Are you participating in any events in the Borough of Chatham, Fanwood, Garwood, Mountainside, New Providence, Roselle Park, or Summit? Yes* _____ No _____
If yes, please indicate where:

***Please note that licensing is done by each municipality independently. A food vendor license must be secured in each municipality where the event is being held.**

It is understood that such license is non-transferable, non-refundable and is granted for the period designated on the license. Furthermore, the license may be revoked upon violation of any pertinent requirements of the Board of Health and/or the laws of the State of New Jersey.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Signature of Inspector/Reviewed and Approved by: _____

Fee: _____ Late fee: _____ Cash/Check # _____ License # _____ Date issued: _____

Comments:
