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2015

PISCATAWAY TOWNSHIP CLERK'S OFFICE

455 Hoes Lane
Piscataway, New Jersey 08854
732-562-2310

RETAIL FOOD ESTABLISHMENT TEMPORARY LICENSE APPLICATION

NAME OF BUSINESS _____ Date: _____

ADDRESS: _____

I hereby apply for a License to operate a Temporary Retail Food Establishment in Piscataway, N.J.

Name and Date of Event : _____

LOCATION: _____

In the event such license is granted, I agree to comply with and abide by all the Provisions, Rules And Regulations of the Middlesex County Health and the Sanitary Code of the Township of Piscataway.

Print Name: _____ Signed: _____

P O Box/Address: _____

Bus. Phone: _____ Fax #: _____ Home/Cell Phone: _____
(If your home phone number is unlisted, please indicate by circling the phone number)

Email Address _____ No. vehicles: _____ License Plate No. _____

Fee: \$ 100.00 Per Day

License # **ODT - - 2015**
LICENSE FEE NON REFUNDABLE!!!!

Is applicant an Individual, Partnership or Corporation (Circle One)

If applicant is a Corporation/Partnership, give Names and Address of the corporate/partnership and the name of the person in charge (**REGISTERED AGENT**) _____

***** You must submit Health Inspection Report from Base of Operation and Menu.**

***** Failure to remit application, documents and required fee and will result in application being denied.**

***** All required items must be submitted at least two (2) weeks prior to the scheduled event. NO EXCEPTIONS can be made due to license processing requirements.**