

**BOROUGH OF CARLSTADT HEALTH DEPARTMENT  
APPLICATION FOR TEMPORARY FOOD AND DRINK LICENSE  
2014**

Date Submitted: \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Location of Food and Drinks for Sale:

Date and Time of Sale: ----

**Description of Food Services to Be Rendered:**

Type of Food to Be Served: \_\_\_\_\_

Means of Refrigerating or Storing Perishable Foods: \_\_\_\_\_

Where Will Goods Be Prepared? \_\_\_\_\_

Names and Address of Suppliers of: Meat Products, Seafood, Etc.: \_\_\_\_\_

**Note #1:** All Foods Shall Be Protected Against Contamination From Dust, Flies, Unclean Utensils and Work Surfaces, Unnecessary Handling, Etc.

**Note #2:** No License Shall Be Transferable.

In Consideration Of Such License, I Hereby Agree At All Times To Conduct The Said Premises In Conformance With The Purposes, Intent And Provisions Of The New Jersey State Code, And Other Ordinances Of The Municipality, Relating To The Conduct Of Said Business.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

**TO BE COMPLETED BY HEALTH DEPARTMENT**

Fee \$ \_\_\_\_\_

License # \_\_\_\_\_

Date Issued: \_\_\_\_\_

**Valid through December 31, 2014**

\_\_\_\_\_  
Health Department Approval