

**DEPARTMENT OF HEALTH
BOROUGH OF METUCHEN
500 MAIN STREET, METUCHEN, NJ 08840**

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT

MAKE CHECKS PAYABLE TO: BOROUGH OF METUCHEN

LICENSE CATEGORY: TEMPORARY

FEE: \$10.00

PLEASE FILL OUT SECTIONS A AND B COMPLETELY.

A. STAND OWNER INFORMATION

NAME/ORGANIZATION: _____

CONTACT PERSON: _____

HOME ADDRESS: _____

HOME TELEPHONE: () _____ CELL: () _____

LIST OF FOOD ITEMS SOLD:

NUMBER OF EMPLOYEES: _____

B. EVENT INFORMATION

NAME/LOCATION OF EVENT: _____

OWNER/OPERATOR OF EVENT: _____

OWNER/OPERATOR ADDRESS: _____

OWNER/OPERATOR TELEPHONE: () _____ CELL: () _____

NOTE: LICENSES WILL BE DISTRIBUTED AT EVENT AFTER INSPECTION.

DATE: _____

SIGNATURE OF RESPONSIBLE PERSON

PRINT NAME OF RESPONSIBLE PERSON

DO NOT WRITE BELOW THIS LINE

DATE OF LICENSE: _____ LICENSE NUMBER _____

FEE PAID: _____