



# Borough of Watchung

## Board of Health

**Office Use Only**

License Number: \_\_\_\_\_  
License Year: \_\_\_\_\_  
Payment Amount:  
[ ] Cash [ ] Check # \_\_\_\_\_

### TEMPORARY FOOD ESTABLISHMENT

**FEE: Day 1: \$100.00 Day 2: \$20.00 Day 3: \$20.00**

**Please Note: The Fee for Day 1 Is \$100.00. Each Additional Day Is \$20.00.**

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

Is the Applicant: : [ ] Individual [ ] Partnership [ ] Corporation [ ] LLC

If Partnership or Corporation, provide the name and home address of all partners or officers:

\_\_\_\_\_  
\_\_\_\_\_

Event Date(s) Requested: \_\_\_\_\_

Hours of Event(s): \_\_\_\_\_

Please provide a statement of the purpose of the special event:

\_\_\_\_\_

Specific Event Location: \_\_\_\_\_

**[ ] *By checking this box, I agree to comply with and abide by all the provisions, rules and regulations of the Board of Health found in the Borough of Watchung's code and the NJ Sanitary Code, N.J.A.C. 8:24, in case such license is granted.***

**\*PLEASE SUBMIT APPLICATION TO BOARD OF HEALTH SECRETARY AT:**

Email: [dgray@watchungnj.gov](mailto:dgray@watchungnj.gov) (payment must be received before application is processed)  
or mail with payment to: 15 Mountain Boulevard, Watchung, New Jersey 07069

**Middle-Brook Regional Health Commission Use Only.**

\_\_\_\_\_  
**Health Inspection and Approval**

\_\_\_\_\_  
**Date**