

# LINCOLN PARK HEALTH DEPARTMENT

## APPLICATION FOR TEMPORARY FOOD LICENSE

Owner(s) Name \_\_\_\_\_ Date \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

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Business Trade Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

If corporation list the names, addresses and phone numbers of officers

President _____	Address _____	# _____
Vice Pres. _____	Address _____	# _____
Secretary _____	Address _____	# _____
Treasurer _____	Address _____	# _____
Registered NJ Agent _____		# _____
Address _____		

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Type of Services Rendered; include type of cuisine and any special preparation processes.

Square Footage of Facility \_\_\_\_\_ Seating Capacity \_\_\_\_\_

Water Supply: Public \_\_\_\_\_ Other \_\_\_\_\_

Grease Pick Up Service \_\_\_\_\_ # \_\_\_\_\_

List Employees with Serv-Safe Certification

Name \_\_\_\_\_ Name \_\_\_\_\_

Please include Copy of Serv-Safe Certificate(s)

NOTE: No license shall be transferable. Licenses may be suspended or revoked by the Health Department upon violation of the purposes, intent and provisions of chapter 24 of the New Jersey State Sanitary Code, the Food and Beverage Vending Machine Code, The Solid Waste Code, other Ordinances of the Health Department, other Borough Ordinances and statutory laws of the State of New Jersey relating to the conduct of such business. License Valid for Calendar year or there part of.

In Consideration of such license, I hereby agree to conduct the said premised in conformance with the purpose, intent and provisions of the above mentioned codes or Ordinances stated herein.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

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OFFICE USE ONLY

FEE \_\_\_\_\_

LICENSE # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_

DATE \_\_\_\_\_