



# Department of Health

BOROUGH OF TENAFLY  
NEW JERSEY  
07670

OFFICE - MUNICIPAL CENTER  
100 RIVEREDGE ROAD, TENAFLY, NJ

201-568-6100

## APPLICATION TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT

*Application Must Be In Legible Print*

UPON APPROVAL BY TENAFLY HEALTH DEPARTMENT, THIS ESTABLISHMENT WILL BE LICENSED FOR DATES PROPOSED ONLY. ESTABLISHMENT WILL OPERATE AT A FIXED LOCATION FOR NOT MORE THAN SEVEN (7) DAYS IN CONNECTION WITH A CARNIVAL, CIRCUS, PUBLIC EXHIBITION OR SIMILAR TRANSITORY GATHERING. NO REFUND WILL BE ISSUED BECAUSE OF INCLEMENT WEATHER.

Business/Establishment Name: \_\_\_\_\_

Business/Establishment Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ E Mail: \_\_\_\_\_

Name & Address of Insurance Carrier (attach certificate of insurance): \_\_\_\_\_

(\*General Liability insurance providing a minimum of \$1,000,000 coverage naming the Borough as an additional insured.)

Additional Documents submitted with application:  Food Safety Manager Certificate or  Food Handler Certificate

### Vehicle Info. If applicable

License Plate No.: \_\_\_\_\_ State: \_\_\_\_\_

Additional Documents submitted with application:  Driver's License,  Motor Vehicle Insurance,  a Site Plan showing location of mobile truck on the property,  ANSUL Inspection Report

### Owner Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home address: \_\_\_\_\_

Individual  Partnership  Corporation/Firm  Governmental  Religious

Non-profit  Educational  Other Tax Exempt # \_\_\_\_\_

### Event Information

Proposed Date(s) and Time(s) of operation: \_\_\_\_\_

Name of Event (if applicable): \_\_\_\_\_

Name, address & phone for site of operation: \_\_\_\_\_

Person in charge if different: \_\_\_\_\_

List all foods and/or beverages that will be offered/for sale at the event. Please be descriptive, if additional space is needed, please continue on the back of this application: \_\_\_\_\_

\*\*If you are using an open flame in food preparation, you must also contact the Tenafly Bureau of Fire Prevention to acquire a Type 1 permit Application. They can be reached at 201-568-6100, ext. 5566 or visit [TenaflyNJ.org](http://TenaflyNJ.org) under "Fire Prevention Bureau".

### Site of Food Preparation

Name of preparer: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

IN CONSIDERATION OF THE ISSURANCE OF THIS LICENSE, THE APPLICANT AGREES TO COMPLY AT ALL TIMES WITH THE HEALTH DEPARTMENT CODE AND/OR AMENDEMENTS THERETO AND ANY OR ALL OTHER CODES PROMULGATED. Application will not be processed if owner information (including home or other emergency phone number) is not included.

LICENSE FEE \$50.00

Legal Signature \_\_\_\_\_

**APPLICATION MUST BE RECEIVED FOURTEEN (14) BUSINESS DAYS PRIOR TO THE EVENT. NO EXCEPTIONS.**

-----For Health Department Use Only-----

Licensed Application Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_  
Revised 3/2022