

LACEY TOWNSHIP BOARD OF HEALTH
818 LACEY ROAD
FORKED RIVER, NEW JERSEY 08731

APPLICATION FOR TEMPORARY RETAIL FOOD ESTABLISHMENT LICENSE

The proper fee must accompany application.

Please make checks payable to *Lacey Township Board of Health*

TEMPORARY FOOD ESTABLISHMENT - \$10.00

(Chapter 362-2 License fees; expiration; renewal; posting)

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

TELEPHONE NUMBER OF ESTABLISHMENT: _____

TELEPHONE NUMBER FOR EMERGENCIES: _____

IF CORPORATION, NAME AND ADDRESS OF REGISTERED AGENT: _____

MILK & ICE CREAM OR ICE CREAM MIX OBTAINED FROM: _____

SHELL FISH OBTAINED FROM: _____

EVENT INFORMATION:

NAME OF EVENT: _____

LOCATION OF EVENT: _____

DATES OF EVENT: _____

RAIN DATE: _____

THE APPLICANT AGREES TO CONDUCT THIS BUSINESS ESTABLISHMENT IN ACCORDANCE WITH CHAPTER 12 OF THE NEW JERSEY STATE SANITARY CODE, ALL APPLICABLE LOCAL ORDINANCES, AND THE ORDINANCES AND RULES, AND REGULATIONS OF THE BOARD OF HEALTH. THE APPLICANT FURTHER UNDERSTANDS AND AGREES THAT SUCH LICENSE AS MAY BE ISSUED UPON APPROVAL OF THIS APPLICATION, MAY BE SUMMARILY REVOKED OR SUSPENDED FOR VIOLATIONS OF THE ABOVE MENTIONED CODE, ORDINANCES, RULES AND REGULATIONS.

DATE: _____

SIGNATURE OF APPLICANT

OFFICE OR TITLE

OFFICE USE

APPROVED BY: _____ DATE: _____ LICENSE # _____