



BOROUGH OF CHESTER HEALTH DEPARTMENT
50 NORTH ROAD, CHESTER NJ 07930
Telephone #: (908) 879-3660 x 2128
Fax #: (908) 879-0122

APPLICATION FOR EVENT FOOD LICENSE

Name of Event: _____

Date(s) of Event: _____

Applicant's Name: _____

Applicant's Address: _____

Phone #: Home: _____ Business: _____ Fax: _____

Name of Business to be licensed: _____

Business Address: _____

Business Mailing Address: _____

Description of food services to be rendered: _____

If using a flame to cook, applicant must make application with the Fire Safety Officer.

In consideration of such license, I hereby agree at all times to conduct the said premises in conformance with the purposes, intent, and provisions of the Food Handling Establishment Ordinance, and other ordinances of the Health Department, the amendments and supplements thereto other ordinances of the municipality and statutory laws of the State of New Jersey relating to the conduct of such business.

NO LICENSE SHALL BE TRANSFERABLE. Licenses may be suspended or revoked by the Health Department upon violation.

Signature of Applicant

Date

Fee: \$35.00