



BOROUGH OF CHESTER HEALTH DEPARTMENT

50 North Rd.
Chester, NJ 07930
Telephone: 908-879-3660 Ext. 2128
Fax: 908-879-0122

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT LICENSE

Event: _____ Date of Event: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Email: _____ Phone #: _____

Name of Business to be licensed: _____

Business Address:

Business Mailing Address:

Description of food services to be rendered: _____

Please send a copy of your satisfactory placard, which ensures you are operating in an approved kitchen and are compliant with Chapter 24.

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

NO LICENSE SHALL BE TRANSFERABLE.

Licenses may be suspended or revoked by the Health Department upon violation.

I, _____, hereby apply for a license to operate a retail food establishment and agree to comply with, and abide by, all the Provisions of Chapter 24 of the New Jersey Sanitary Code and local codes regulating retail food establishments.

Signature of Applicant

Date

- Fee per event: \$50.00
- Annual temporary license: \$140.00
- **Late fee** surcharge of 50% will be assessed for all permit applications received by the Board of Health less than 10 business days before the special event.
- **NO** permit shall be accepted less than 5 business days prior to the special event.
- **Checks can be made out to: Chester Borough**

OFFICE USE ONLY:

Date of application: _____

Late Fee: _____

Total Fee: _____

Permit Number: _____