



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 VENDOR LICENSE

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.

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