FOOD INFORMATION

FOR EVENTS WHERE ONLY THE LICENSEE WIL BE PROVIDING THE FOOD: List ALL foods and beverages to be served and where it will be obtained from.
FOR EVENTS WITH INDEPENDENT FOOD VENDORS: Please provide a list of venders (mobile or non-mobile) that will sell food at the specific location along with a copy of their most current Health Department license Use additional sheets if needed.
"Please note" HOME PREPARED FOODS ARE PROHIBITED.

_____

_____

Bare hand contact with ready to eat foods is prohibited. Please indicate the method that will be used to assemble, prepare and serve ready to eat foods._____

_____

_____

Facilities must be provided for workers to wash their hands. Please indicate how employees will be able to wash their hands. _____

_____

I am/we are aware of the requirements of the State and Municipal Board of Health regulations and agree to be governed thereby:

Print Name_____

Signature: _____

Please make checks payable to Borough of Ho-Ho-Kus

For Office Use Only

Date received: _____

Fee: _____

Cash: _____

Check #: _____

License # issued: _____

HO-HO-KUS HEALTH
333 WARREN AVE
HO-HO-KUS, NJ 07423
201-652-4400 EX. 221
www.ho-ho-kusboro.com

Temporary Event License Application

1. Filing of this application does NOT authorize the applicant to start operating; the application MUST be approved by the Health Department and a license MUST be issued. ALL information must be filled out.
2. The operator and employees must observe ALL applicable codes, ordinances, rules and regulations of the local Health Department and the NJ State Department of Health; and is subject to and must cooperate with periodic inspections.

Temporary License Fee $50.00

EVENT INFORMATION

Event Name: _____

Event Location: _____

Event Date(s): _____

Event Time(s): _____

LICENSEE INFORMATION

Sponsoring Agency: _____

Sponsoring Agency Location: _____

Contact Name: _____

Contact Phone #: _____

Contact Email Address: _____

Website: _____

CERTIFIED FOOD HANDLER INFORMATION (IF APPLICABLE)

Name: _____ Expires: _____

Name: _____ Expires: _____