

NUTLEY DEPARTMENT OF HEALTH
149 CHESTNUT STREET
NUTLEY, NEW JERSEY 07110
(973) 284-4976

APPLICATION FOR TEMPORARY RETAIL FOOD ESTABLISHMENT LICENSE

(I)(We), the undersigned, do hereby apply for a license to operate a temporary food establishment

1. Names of Vendor and TRF Establishment: _____

Address of Vendor: _____

Business Phone #: _____ Home Phone #: _____

Cell Phone #: _____ E-mail Address: _____

2. Name of Event: _____

3. Date and Location of Event: _____

4. Sponsoring Organization: _____

5. Organization Chairperson Name, Address and Telephone Number:

6. Source of Food Items: Caterer/Base of Operation (A licensed retail food establishment)

Name, Address and Telephone Number: _____

In order for food to be prepared off premises, the following must be submitted:

A. A notarized letter from the Caterer/Base of Operation granting permission to prepare food items at their establishment.

B. A copy of a current Satisfactory inspection placard from the establishment. All food items must be prepared at a Caterer/Base of Operation or at this event location.

7. List all food items to be sold. (Items not listed will not be permitted):

8. List methods/equipment provided to maintain food items at proper temperatures:

Holder must comply at all times with the regulations and requirements of the Health Code of the Township of Nutley and Chapter XXIV of the New Jersey State Sanitary Code. At the discretion of the Nutley Department of Health, a license may be revoked for violations of these codes.

I, the undersigned, understand that home food preparation is strictly prohibited.

Printed Name: _____ Signature: _____ Date: ____/____/____

Approved by: _____ Date: ____/____/____