

Morris Township Health Department
50 Woodland Avenue, P.O. Box 7603
Convent Station, NJ 07961
973-326-7390 or fax#: 973-326-1133

Office Use Only:
Date Issued: _____
Date Expired: _____
Fee: _____
License #: _____

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT LICENSE

Name of Event: _____

Address of Event: _____

Date(s) of Event: _____ Contact Phone #: _____

Date/Time of Setup: _____

Each Retail Food Establishment must provide:

- Menu of all food/beverages to be served
- Copy of your current Retail Food Establishment License or Cottage Food Permit
- Copy of your most recent inspection placard/report
- Provide a diagram showing:
 - Equipment setup
 - Hand washing location
 - Sanitizing location

PLEASE NOTE:

- ❖ NJ STATE LAW STRICTLY PROHIBITS ANY HOME-PREPARED FOODS TO BE OFFERED TO THE PUBLIC WITH THE EXCEPTION OF THOSE WHO HAVE A CURRENT COTTAGE FOOD PERMIT ISSUED BY NJDOH
- ❖ All food must come from approved sources (licensed/inspected facilities).
- ❖ Pre-packaged foods MUST have ingredients, name and address of manufacturer on label.

Name of Company: _____

Name of Principal Owner(s): _____

Address of Principal Owner(s): _____

Phone #: _____ Email: _____

TEMPORARY FOOD – ONE DAY EVENT FEE: \$25.00
TEMPORARY FOOD – TWO THROUGH FIVE DAY EVENT FEE: \$50.00

Is the establishment a charitable organization? (IRS 501(c)3) YES: _____ NO: _____

If yes, applicant may request a waiver of the license fee by attaching a letter requesting a waiver of the fee.

In making this application, I hereby agree to conduct the operation of the food establishment in conformance with the provisions of Chapter XXIV of the New Jersey Sanitary Code and the Code of the Township of Morris.

Signature of Applicant

Please Print Name & Title