

NorthWest Bergen Regional Health Commission  
20 West Prospect Street \* Waldwick, NJ 07463  
Phone: (201) 445-7217 \* Fax: (201) 445-4001  
www.nwbrhc.org \* www.facebook.com/NWBRHC



**2018 Temporary Event License Application for Waldwick**

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.

**I/We herewith, am/are applying for a TEMPORARY HEALTH DEPARTMENT LICENSE FOR 2018.**

Temporary Retail Food, 1-3 Days \$50

Temporary Retail Food, 4-7 Days \$100

**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: \_\_\_\_\_

**FOOD INFORMATION**

List ALL foods and beverages to be served and where they will be obtained from. **Please note that home prepared foods are prohibited.** \_\_\_\_\_

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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. \_\_\_\_\_

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

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

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**PAYMENT INFORMATION**

*Please make checks payable to "NWBHRHC" (NorthWest Bergen Regional Health Commission).*

**For Office Use Only**

Date Received:		2018 License # Issued:	
Cash	MO #:	Check #:	
Fee: \$	Late Fee: \$	Total Amount Paid: \$	