



Namitha Reddy, MD, MPH  
Director / Health Officer

**Northwest Bergen Regional Health Commission**

20 West Prospect Street  
Waldwick, New Jersey 07463  
Telephone (201) 445-7217 | FAX (201) 445-4001  
info@nwbrhc.net | www.nwbrhc.org

**2024 Temporary Event License Application for Midland Park**

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.
3. All vendors must provide a copy of their Health Department license AND a copy of their last health inspection posting and/or placard.

I/We herewith, am/are applying for a TEMPORARY HEALTH DEPARTMENT LICENSE FOR 2024.

Temporary Retail Food, 1-3 Days \$25

Temporary Retail Food, 4-7 Days \$50

**EVENT INFORMATION**

Event Name: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Event Time: \_\_\_\_\_

Event Contact Person: \_\_\_\_\_ Event Contact Phone: \_\_\_\_\_

Sponsoring Agency Name: \_\_\_\_\_

Sponsoring Agency Address: \_\_\_\_\_

**LICENSEE INFORMATION (Retail Food Provider)**

Vendor/Business Name: \_\_\_\_\_

Vendor/Business Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ Contact Website: \_\_\_\_\_

**CERTIFIED FOOD HANDLER INFORMATION (IF APPLICABLE)**

Name: \_\_\_\_\_

Expires: \_\_\_\_\_

Name: \_\_\_\_\_

Expires: \_\_\_\_\_



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**FOOD INFORMATION**

List **ALL** foods and beverages to be served and where they will be purchased from and prepared. If you are a FOOD TRUCK, please indicate your Commissary (if foods are not prepared on the truck). **Please note that 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. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Facility must provide for cleaning and sanitizing of any food contact surfaces, including equipment and utensils. Please advise how that will be accomplished. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PAYMENT INFORMATION**

**\*\*Please make checks payable to "NWBRC" (Northwest Bergen Regional Health Commission) and mail completed application with payment to NWBRHC, 20 West Prospect Street, Waldwick NJ 07463\*\***

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: \_\_\_\_\_

**For Office Use Only**

Date Received:	2024 License# Issued:	Delivery Method:
Cash / MO#:	Check#:	Receipt#:
Fee: \$	Late Fee: \$	Total Amount Paid: \$