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

2026 Temporary Event License Application for Midland Park

1. Filing 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 the 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.
4. For vendors operating from a commissary on well water, most recent well water test result.

I/We herewith, am/are applying for a TEMPORARY HEALTH DEPARTMENT LICENSE FOR 2026.

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 AND FOOD MANAGER INFORMATION (IF APPLICABLE, CIRCLE ONE)

Name:_____ (Food Handler / Food Manager) Expires: _____

Name: _____ (Food Handler / Food Manager) Expires: _____

Revised 12/5/2024

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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 food is not prepared on the truck). ***Please note that home prepared foods are prohibited*.** _

Barehand 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 "NWBRHC" (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:	2026 License# Issued:	Delivery Method:
Cash / MO#:	Check#:	Receipt#:
Fee: $	Late Fee: $	Total Amount Paid: $