



200 South Street, P.O. Box 914
Morristown, NJ 07963-0914

Department of Human Services

Director (973) 292-6700
Health Officer (973) 292-6707
Health Inspectors (973) 292-6703
(973) 292-6713
Nurse (973) 292-6702
Animal Control (973) 292-6731
Housing Inspectors (973) 292-6700
Recreation (973) 292-6717
Rent Leveling (973) 292-6709

2008-2009 Temporary Retail Food License

RCVD: _____
FEE: _____

- Licenses are not transferable
- No smoking permitted in the establishment

VENDOR NAME: _____

Address: _____

Event Location: _____ Event Date: _____

CONTACT NAME: _____

DAYTIME PHONE: _____ Alternate Phone: _____

EMAIL ADDRESS: _____

LIST ALL ITEMS TO BE SERVED (Menu items not listed will not be permitted): _____

Food will be prepared by (Name of establishment and contact person): _____

PURCHASED FROM (Establishment name, contact and a copy of Satisfactory Health Dept. Approval): _____

FOOD WILL BE TRANSPORTED TO EVENT BY: _____

HOT (equipments): _____ COLD: _____

FOOD WILL BE STORED AND SERVED AS FOLLOWS: _____

HOT: _____ COLD: _____

LIST ALL EQUIPMENT THAT WILL BE USED AT EVENT: (For example, refrigeration, ovens, grills, etc.) _____

Method of garbage storage and disposal: _____

Proper use of disposable gloves: _____

Method of hand washing to be used: _____

Method of Food Protection to be used: _____

I attest that all of the information on this application is accurate to the best of my knowledge. By operating a business in the Town of Morristown, I realize that legal action maybe taken for non-compliance of state and town laws along with the suspension and revocation of my Temporary Retail Food License.

Signature Date

Print name of person signing above

Do Not Write Below This Line – Official Use Only	
HEALTH DEPARTMENT APPROVAL: YES: _____ NO: _____	Fee: _____
SIGNATURE: _____	Zoning: _____
	Construction: _____
	Town Clerk: _____