



CITY OF PASSAIC
DEPARTMENT OF HUMAN SERVICES
DIVISION OF HEALTH
 330 Passaic Street • Passaic, NJ 07055 • (973) 365-5603
health@cityofpassaicnj.gov

**FOR OFFICE
 USE ONLY**
 Approved
 Disapproved
 Blank Lic _____
 Date _____

TEMPORARY FOOD LICENSE APPLICATION

APPLICANT INFORMATION

Date of Application: _____

Name of Applicant: _____

Address of Applicant: _____

Home Telephone Number: _____ Business Telephone Number: _____

Name of Contact Person: _____ Telephone Number: _____

EVENT INFORMATION

Date(s) of Event: _____ Location of Event: _____

Name of Event: _____

VENDOR INFORMATION

Name(s) of Person/Vendor	Address	Food Items/Menu	Vehicle/Stand Type
DO NOT WRITE IN BOX <input type="checkbox"/> AP <input type="checkbox"/> DA LIC NO _____			<i>Check One</i> <input type="checkbox"/> Mobile Vehicle <input type="checkbox"/> Stand <input type="checkbox"/> Pushcart
DO NOT WRITE IN BOX <input type="checkbox"/> AP <input type="checkbox"/> DA LIC NO _____			<i>Check One</i> <input type="checkbox"/> Mobile Vehicle <input type="checkbox"/> Stand <input type="checkbox"/> Pushcart
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DO NOT WRITE IN BOX <input type="checkbox"/> AP <input type="checkbox"/> DA LIC NO _____			<i>Check One</i> <input type="checkbox"/> Mobile Vehicle <input type="checkbox"/> Stand <input type="checkbox"/> Pushcart

**** PLEASE COMPLETE OTHER SIDE OF APPLICATION ****

VENDOR INFORMATION (CONTINUED)

Name(s) of Person/Vendor	Address	Food Items/Menu	Vehicle/Stand Type
			<i>Check One</i> <input type="checkbox"/> Mobile Vehicle <input type="checkbox"/> Stand <input type="checkbox"/> Pushcart
DO NOT WRITE IN BOX <input type="checkbox"/> AP <input type="checkbox"/> DA LIC NO _____			
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DO NOT WRITE IN BOX <input type="checkbox"/> AP <input type="checkbox"/> DA LIC NO _____			

Submission of this application does not constitute Health Division approval for operation of the temporary event. Final approval from the Health Division is dependent on final inspections and issuance of satisfactory rating(s) at the time of said inspections. Note that violations of applicable city ordinances and/or state laws will result in revocation of the temporary license(s).

Signature of Applicant

Date