



# TEMPORARY EVENT – FOOD PERMIT APPLICATION

## BOROUGH OF MAYWOOD BOARD OF HEALTH

15 Park Avenue, Maywood, NJ 07607

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**PLEASE COMPLETE THIS FORM AND MAIL  
WITH THE \$25 PERMIT FEE TO THE ABOVE ADDRESS**

**Permit Fee: \$25.00** (Payable to Borough of Maywood)

Name of Applicant: \_\_\_\_\_

Association or Establishment: \_\_\_\_\_

Street/City/State/Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business #: \_\_\_\_\_

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

Event Date: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Complete Food and/or Beverage List: \_\_\_\_\_

\_\_\_\_\_

Foods prepared: On Site: \_\_\_\_\_ Commercial Location (specify): \_\_\_\_\_

\_\_\_\_\_

Describe how you will store your food: \_\_\_\_\_

I will keep hot foods above 135 degrees by the following method: \_\_\_\_\_

\_\_\_\_\_

I will keep cold foods below 41 degrees by the following method using a generator. I understand that refrigeration is required: \_\_\_\_\_

I have a current Board of Health License in the following town(s) in NJ: \_\_\_\_\_

\_\_\_\_\_

See Back

I understand that if the permit is granted, I must comply with all applicable requirements of the Board of Health and the State of New Jersey.

It is further understood that such a permit is non-transferable and is granted for the period designated on the license and may be revoked upon violation of any pertinent requirements of the Board of Health and/or the laws of the State of New Jersey.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Applicant Name: \_\_\_\_\_

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**FOR BOROUGH USE ONLY**

Signature of Inspector:

\_\_\_\_\_

Signature of BOH Secretary:

\_\_\_\_\_

Date Issued: \_\_\_\_\_

Method of Payment/Check # \_\_\_\_\_

Comments:

\_\_\_\_\_

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