



Borough of Montvale

12 Mercedes Drive, 2nd Floor
Montvale NJ 07645

www.montvale.org

Ph: 201-391-5700

Fx: 201-391-9317

Montvale Board of Health Temporary Event License Application

Instructions: Submitting this application does not authorize the applicant to start operating; the applicant must have a Montvale Board of Health license. The operator and employees must observe all applicable codes, ordinances, rules & regulations of the local Health Department & the NJ State Department of Health; the applicant is subject to & must cooperate with inspections. Please contact Northwest Bergen Regional Health Commission at 201 445 7217 to schedule an inspection. All vendors must provide a copy of their Health Department License & a copy of their last health inspection posting and/or placard.

EVENT INFORMATION

Event Name: _____

Event Location: _____

Event Date(s): _____ Event Time: _____ to _____

Event Contact Person: _____ Event Contact Phone: _____

Sponsoring Agency Name: _____

Sponsoring Agency Address: _____

LICENSEE INFORMATION

Vendor/Business Name: _____

Vendor/Business Address: _____

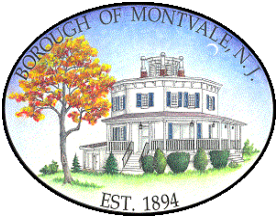
Contact Name: _____ Contact Phone: _____

Contact Email Address: _____ Contact Website: _____

CERTIFIED FOOD HANDLER INFORMATION (IF APPLICABLE)

Name: _____ Expires: _____

Name: _____ Expires: _____



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.

PAYMENT INFORMATION

Please make check payable to the Borough of Montvale. The temporary event fee is \$100 per day.

I am/we are aware of the requirements of the State and Borough of Montvale Board of Health regulations and agree to be governed thereby.

Date: _____ Print Name: _____

Signature: _____

For Office Use

Date paid _____ *Cash* _____ *Check #* _____ *\$ Amount* _____