

234 Main Street  
Ridgefield Park, NJ 07660  
Tele# 201 641-9125 x 5

<b>FOR OFFICE USE ONLY</b>
DATE _____
LICENSE # _____
DATE FEE REC'D _____

**VILLAGE OF RIDGEFIELD PARK  
HEALTH DEPARTMENT**

Fee \$25

**FOOD HANDLER APPLICATION**

**ITINERANT APPLICATION**

DATE \_\_\_\_\_

NAME OF EVENT \_\_\_\_\_

DATES OF OPERATION \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_  
Please print

ADDRESS \_\_\_\_\_  
Please print

BUSINESS TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

FEE \$ 25 per day \_\_\_\_\_

APPLICANT AGREES TO COMPLY WITH ALL ORDINANCES OF THE DEPARTMENT OF HEALTH OF THE VILLAGE OF RIDGEFIELD PARK, NEW JERSEY AND THOSE OF THE STATE OF NEW JERSEY.

OWNER'S NAME \_\_\_\_\_  
Please Print

HOME ADDRESS \_\_\_\_\_  
Please Print

EMERGENCY PHONE # \_\_\_\_\_ CELL/BEEPER PHONE # \_\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_

**WHERE ARE SUPPLIES PURCHASED: (Name and address of establishment) PLEASE PRINT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF THE INFORMATION REQUESTED BY THE HEALTH DEPARTMENT AND PROVIDED BY YOU AT THE TIME OF APPLICATION FOR LICENSE IS FOUND TO BE FALSE, THE LICENSE IS SUBJECT TO IMMEDIATE REVOCATION.