



Township of East Brunswick Revenue Division
PO Box 1081
East Brunswick, NJ 08816

Health Department
Temporary Food License Application

Make check payable to "Township of East Brunswick" and send to address above

License Category Temporary Fee \$15.00

Stand Owner Information:

Name: _____

Home Address: _____

Home Telephone: _____

Name of Food Stand: _____

List of Food Items Sold: _____

Number of Employees: Male _____ Female _____

Event Information:

Name of Event: _____

Location of Event: _____

Owner/Operator of Event: _____

Owner/Operator Address: _____

Owner/Operator Telephone: _____

PLEASE NOTE: LICENSES WILL BE DISTRIBUTED AT EVENT AFTER HEALTH INSPECTION

Date: _____

Signature of Responsible Person

Print Name of Responsible Person

Do not write below this line

Date of License: _____

License # _____

License Category: _____

Fee Paid: _____