

**TOWNSHIP OF ROCHELLE PARK  
BOARD OF HEALTH  
151 WEST PASSAIC STREET  
ROCHELLE PARK, NJ 07662  
201-587-7730  
FAX 201-556-0523**

TEMPORARY FOOD HANDLING LICENSE APPLICATION  
Fee\$\_\_\_\_\_

Name of organization:\_\_\_\_\_

Event to be held:\_\_\_\_\_

Date of event:\_\_\_\_\_ Location of event:\_\_\_\_\_

Chairperson:\_\_\_\_\_ Phone #:\_\_\_\_\_

Address:\_\_\_\_\_

Foods to be served:\_\_\_\_\_

\_\_\_\_\_

Where will foods be prepared:\_\_\_\_\_

\_\_\_\_\_

Food  
provider:\_\_\_\_\_

\_\_\_\_\_ Phone#\_\_\_\_\_

Please explain procedures utilized to keep foods:(may be completed by catering establishment)

Hot >140' F:\_\_\_\_\_

Cold <45'  
F:\_\_\_\_\_

How will the food be stored during transportation:\_\_\_\_\_

\_\_\_\_\_

Is water supply for cleaning and handwashing available in proximity to the food prep and  
distribution area ?\_\_\_\_\_

Are covered garbage receptacles available ?\_\_\_\_\_

I, We, do hereby agree to comply at all times with the rules and regulations of the Rochelle Park  
Board of Health and the New Jersey State Sanitary Code, Chapter 12.

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

For Health Department use

Approved\_\_\_\_ Disapproved\_\_\_\_ Date\_\_\_\_\_ License #\_\_\_\_\_ Fee Paid \$\_\_\_\_\_