

Westfield Regional Health Department
425 East Broad Street
Westfield, New Jersey 07090
(908) 789-4070, Fax (908) 789-4076
E-mail: health@westfieldnj.gov
Website: <http://westfieldnj.gov/health>

ADDAMSFEST FOOD LICENSE APPLICATION

I hereby make application for the following license:

Temporary Food Vendor/Farmers Market License*

- Longer than 48 hours-Annual or Farmers Market - \$150.00
- Single event up to 48 hours - \$125.00
- Single event up to 24 hours - \$75.00

****Please note these fees have been waived by the Town of Westfield****

*A temporary food vendor application must be received no later than **Tuesday, October 15, 2019**.

Event location(s): Westfield Armory

Event Date(s) & Time: October 26, 2019 6PM—10PM

Business Name & Address: _____

Telephone # _____ Fax # _____

Email Address: _____

Name & Address of Owner/Applicant: _____

Telephone # _____ Cell # _____ Fax # _____

Email Address: _____

Complete food and/or beverage list:

How many trucks/stands will you be operating? _____

Foods will be prepared (check one) - On Site _____ Commercial location (specify) _____

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

I will keep cold foods frozen or below 41 degrees F by the following method:

Are you conducting any food/beverage sampling? _____ If so
please describe your procedure: _____

Name(s) and of person(s) who attended Food Handlers Training Course & date of certification: (current food handler certification required)

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

Are you participating in any events in the Borough of Chatham, Fanwood, Garwood, Mountainside, New Providence, Roselle Park, or Summit? Yes* _____ No _____

If yes, please indicate where:

***Please note that licensing is done by each municipality independently. A food vendor license must be secured in each municipality where the event is being held.**

It is understood that such license is non-transferable, non-refundable and is granted for the period designated on the license. Furthermore, the license 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: _____

OFFICE USE ONLY

Signature of Inspector/Reviewed and Approved by: _____

Fee: _____ **Late fee:** _____ **Cash/Check #** _____ **License #** _____ **Date**
issued: _____

Comments:
