



TOWNSHIP OF LYNDHURST
DEPARTMENT OF HEALTH & VITAL STATISTICS
 253 Stuyvesant Avenue, Lyndhurst, NJ 07071

License Year: 2020
 (O) 201-804-2500 (F) 201-438-1944
 www.lyndhurstnj.org

TEMPORARY RETAIL FOOD ESTABLISHMENT APPLICATION
 TEMPORARY LICENSE FEES ARE NON-REFUNDABLE

Single Temp Event Up to 10 days event Calendar Year

Temporary Food License	
Single Event	\$ 35.00
Up to 10 days	\$ 65.00
Calendar year	\$ 200.00

Name of Temporary Event: _____

Name of your business: _____

Location of Temporary Event: _____

Name of Owner of Food Vendor: _____ Phone: _____ (cell)

Address of Owner: _____ Phone: _____ (home)

Is all of your food prepackaged? YES NO

Is any of the food being prepared on the premises? YES NO

If vendors choose to pay the annual fee, you must submit written notice to the Lyndhurst Health Department of the dates of all events in this calendar year at the time the license is obtained. If the vendor desires to add additional events during 2020, written notice must be given to the Lyndhurst Health Department at least two (2) weeks prior to the event.

For all WEEKEND events, application and payment must be submitted no later than the WEDNESDAY prior to the event date.

In making this application, I (or we) agree to comply with all of the ordinances of the Township of Lyndhurst and the laws of the State of New Jersey covering food establishments. It is further agreed that I (or we) will surrender this license, if granted, to the Lyndhurst Health Department on demand if in violation of the above mentioned ordinance.

Dates of Event(s) : 1. _____ 4. _____ 7. _____
 2. _____ 5. _____ 8. _____
 3. _____ 6. _____ 9. _____

IN CONSIDERATION OF THE ISSUANCE OF THIS LICENSE, THE APPLICANT AGREES TO COMPLY AT ALL TIMES WITH THE HEALTH CODE AND/OR AMMENDMENTS THERETO AND ANY OR ALL OTHER CODES PROMULGATED.

Owner (print): _____

Owner's signature: _____

Date: _____

-----HEALTH DEPARTMENT USE ONLY-----

License #: _____ Amount received: _____ Received on: _____