



HACKENSACK DEPARTMENT OF HEALTH

215 STATE ST, HACKENSACK, NJ 07601-5582

Phone: 201 646-3965 Fax: 201 646-3989

NOTICE: A health license is valid only if a certificate of occupancy has first been obtained from the Department of Building Housing & Land Use and is currently in effect.

APPLICATION FOR A TEMPORARY HEALTH LICENSE

Trade Name: _____

Business Address: _____

Business Phone: _____ Business Fax: _____ Current Lic.No _____

Owner's Name: _____
(List corporate name if corporate)

Corporate Officer: _____
(List president if incorporated , if partnership list partners)

Owner's Address: _____

(City)

(State)

(Zip)

Owner's Phone: _____ Owner's Fax: _____
(List corporate telephone if incorporated) (List corporate fax if incorporated)

Hereby Applies To Operate: _____
(Type of business)

Include details of event and operation on the back of this form.

Person Responsible For Operation: _____
(On site manager/operator)

_____ Date

_____ Signature of Applicant

FOR MOBILE FOOD ESTABLISHMENTS ONLY

Truck: _____ License Plate: _____
(Make) (Year) (State & Number)

Do Not Write Below This Line

License Number: _____ Issue Date: _____

Approved: _____ Disapproved: _____ Fee: _____

