

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:			
Owner's Name:	(List corporate name if	corporate)	
Corporate Officer:	(List president if incorporated, if pa	rtnership list partners)	
Owner's Address:			
(City)		(State)	(Zip)
Owner's Phone:(List corporate tele	ephone if incorporated)	er's Fax:(List con	rporate fax if incorporated)
Hereby Applies To Operate:	(Туре	of business)	
Include details of event and oper	ation on the back of this fo	orm.	
Person Responsible For Operation	1:	(On site manager/operator)	
Date		Signatu	re of Applicant
FOR	R MOBILE FOOD ESTAB	LISHMENTS ONLY	
Truck:(Make)	(Year)	License Plate:	(State &Number)
	Do Not Write Below	v This Line	
License Number:		Issue Date:	
Approved:	Disapproved:	Fe	e:

Please complete:		
Event:	Date of event:	_
Event Location (with address):		_
Chairperson's name & mailing add	dress & telephone/fax:	
Name:		_
		_
	Fax:	_
Description of foods/beverage to be (Name & address of wholesaler or		
What will be served(with description	tion) and methods of food preparation & storage:	
A 4 1 11 11 11 11 TT	olth Dont Ingrestors at (201) (46, 2062, heat time to call Done In	1

Any questions, kindly call the Health Dept. Inspectors at (201) 646-3962, best time to call 9am, 1pm, or 4pm. Vendors must comply with N.J. Sanitary Code, Chapter 24.