

**BROUGH OF HASBROUCK HEIGHTS  
HEALTH DEPARTMENT**

320 Boulevard  
Hasbrouck Heights, NJ 07604  
Tel: (201) 288-1636 Fax: (201) 288-1468

**APPLICATION FOR TEMPORARY FOOD LICENSE**

DATE OF EVENT: \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_

SPONSORED BY: \_\_\_\_\_

PLACE TO BE HELD: \_\_\_\_\_

CHAIRPERSONS NAME & PHONE #: \_\_\_\_\_

TYPE OF FOOD TO BE SERVED: \_\_\_\_\_

\_\_\_\_\_

WHERE WILL FOOD BE PURCHASED: \_\_\_\_\_

\_\_\_\_\_

WHERE WILL FOOD BE PREPARED: \_\_\_\_\_

\_\_\_\_\_

HOURS OF EVENT: \_\_\_\_\_

\_\_\_\_\_

HOW WILL FOOD BE KEPT WARM/COLD: \_\_\_\_\_

\_\_\_\_\_

WILL ICE BE AVILABLE AND SOURCE: \_\_\_\_\_

\_\_\_\_\_

APPOVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DATE \_\_\_\_\_

LICENSE # \_\_\_\_\_ FEE \_\_\_\_\_