

# FORT LEE HEALTH DEPARTMENT

309 Main Street  
Fort Lee, NJ 07024  
201-592-3500 X 1510

## APPLICATION FOR A TEMPORARY FOOD ESTABLISHMENT LICENSE

Trade Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Food Handler/Manager Certification: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

On-site Manager: \_\_\_\_\_

Location of event: SAINT ROCCO'S FEAST - MAIN STREET FORT LEE, NJ

Chairperson of event: DOMENICO TRIPODI Phone: (551) 574 - 1473

Description of Food to be served: \_\_\_\_\_

Establishments where food is purchased or prepared: \_\_\_\_\_

Methods of food preparation and storage. (Must comply with NJ Sanitary Code Chapter 24):  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

License #: \_\_\_\_\_

FEE: \$25 \_\_\_\_\_ up to 2 days OR \$50 X 3-14 days

\*Must be consecutive days