

# The Township of Old Bridge

Health Department

1 Old Bridge Plaza Old Bridge, NJ 08857  
732-721-5600 x 6200 732-607-7918 FAX

## TEMPORARY FOOD ESTABLISHMENT

**Ordinance # 203-6 sets the Special Event Food Vendor fee at \$50  
MAKE CHECKS PAYABLE TO OLD BRIDGE HEALTH DEPT.**

**This application must be filed with the Health Department no later than 1 week  
prior to the event.**

Please fill out sections A and B completely.

### A. STAND OWNER INFORMATION

Name/Organization \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
List of food items to be sold \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of employees \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

### B. EVENT INFORMATION

Name/Location of event \_\_\_\_\_  
Owner/Operator of event \_\_\_\_\_  
Owner/Operator address \_\_\_\_\_  
Owner/Operator telephone \_\_\_\_\_

**NOTE: LICENSES WILL BE DISTRIBUTED AT THE EVENT AFTER INSPECTION**

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of responsible person

\_\_\_\_\_  
Print name of responsible person

**DO NOT WRITE BELOW THIS LINE**

Date of license \_\_\_\_\_ License number \_\_\_\_\_  
License category Temporary \_\_\_\_\_ Fee paid \_\_\_\_\_