

NorthWest Bergen Regional Health Commission
20 West Prospect Street * Waldwick, NJ 07463
Phone: (201) 445-7217 * Fax: (201) 445-4001
www.nwbrhc.org * www.facebook.com/NWBRHC



2024 Temporary Event License Application for Emerson

1. Filing of this application does **NOT** authorize the applicant to start operating; the application **MUST** be approved by the Health Department and a license **MUST** be issued. **ALL** information must be filled out.
2. The operator and employees must observe ALL applicable codes, ordinances, rules and regulations of the local Health Department and the NJ State Department of Health; and is subject to and must cooperate with periodic inspections.
3. All vendors must provide a copy of their Health Department license AND a copy of their last health inspection posting and/or placard.

Special/Temporary Fees:

1 Day, \$50

2 Days, \$60

3 Days, \$70

4-7 Days, \$100

Borough of Emerson, Emerson Schools and similar institutions – NO FEE

EVENT INFORMATION

Event Name: _____

Event Location: _____

Event Date(s): _____ Event Time: _____

Event Contact Person: _____ Event Contact Phone: _____

Sponsoring Agency Name: _____

Sponsoring Agency Address: _____

LICENSEE INFORMATION

Vendor/Business Name: _____

Vendor/Business Address: _____

Contact Name: _____ Contact Phone: _____

(Please Print)

Cell Phone: _____ Email Address: _____

Contact Website: _____

CERTIFIED FOOD HANDLER INFORMATION (IF APPLICABLE)

Name: _____ Expires: _____

(Please Print)

Name: _____ Expires: _____

(Please Print)

FOOD INFORMATION

List **ALL** foods and beverages to be served and where they will be purchased from and prepared. If you are a **FOOD TRUCK**, please indicate your Commissary (if foods are not prepared on the truck). ***Please note that home prepared foods are prohibited.***

Bare hand contact with ready to eat foods is prohibited. Please indicate the method that will be used to assemble, prepare and serve ready to eat foods. _____

Facilities must be provided for workers to wash their hands. Please indicate how employees will be able to wash their hands. _____

I am/we are aware of the requirements of the State and Municipal Board of Health regulations and agree to be governed thereby.

Date: _____ Print Name: _____

(Please Print)

Signature: _____

PAYMENT INFORMATION

Please make checks payable to Borough of Emerson.