



THE BOROUGH OF ALLENDALE

N E W J E R S E Y

500 WEST CRESCENT AVENUE, ALLENDALE, NJ 07401

WWW.ALLENDALE.NJ.GOV

APPLICATION FOR SPECIAL EVENTS PERMIT BOROUGH OF ALLENDALE BOARD OF HEALTH

FEE: _____ LICENSE NO: _____

DATE: _____ YEAR: _____

Filing of this application does not authorize the applicant to begin operating within the Borough of Allendale. The application must first be approved, an inspection of your operation must be performed, and a license must be issued by Sanitary Inspector.

The license, when issued is only valid for the duration of the event.

Licenses are not transferable.

The applicant agrees that they will comply with all applicable local and State health regulations and open to inspection by the Local and State Department Inspectors.

BUSINESS NAME & ADDRESS:

OWNER NAME & ADDRESS

BUSINESS PHONE: _____

HOME PHONE: _____

TYPE OF VEHICLE/STAND: _____

TYPE OF FOOD BEING SOLD: _____

DATE OF EVENT (S): _____

PLACE OF EVENT: _____

SIGNATURE OF APPLICANT: _____

SIGNATURE OF SANITARY INSPECTOR: _____ DATE: _____