

**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 the 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 Health Department Inspectors.**

**Business Name & Address**

**Owner Name and Address**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Business Phone No.:** \_\_\_\_\_

**Home Phone No.:** \_\_\_\_\_

**Type of Vehicle/Stand:** \_\_\_\_\_

**Type of food(s) being sold:**  
\_\_\_\_\_

**Date of Event (s):** \_\_\_\_\_ **Place of Event:** \_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_

**Signature of Sanitary Inspector:** \_\_\_\_\_ **Date:** \_\_\_\_\_



