



# Township of Parsippany - Troy Hills Division of Health

HEALTH DEPARTMENT  
Carlo DiLizia, M.A., HO  
Health Officer

1130 Knoll Road  
Lake Hiawatha, NJ 07034  
Tel: 973-263-7160 Fax: 973-299-1349

No: \_\_\_\_\_

## FARMER'S MARKET FOOD LICENSE APPLICATION

### APPLICANT INFORMATION

**PLEASE PRINT**

Name of Applicant: \_\_\_\_\_ Applicant Phone # \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Contact Person Phone # \_\_\_\_\_

### EVENT INFORMATION

Name of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_ Set-up Time: \_\_\_\_\_

List food being served and the source of the food.

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

The information contained in this application is accurate to the best of my knowledge. I agree in the event this license is granted, to abide and comply with the applicable law, ordinances, codes and regulations of the State of New Jersey, and the Division of Health in the Township of Parsippany - Troy Hills, with full knowledge that failure to comply may result in the revocation of this license, or the imposition of such other penalties provided by law.

### LICENSE FEE:

**\$100 - Fewer than 7 days**

**\$200 - Seasonal less than 6 months**

Complete Section Below:

Applicant Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Title of Applicant: \_\_\_\_\_

For Office use only:

Fee Paid

License #

