

Parsippany - Troy Hills



1001 Parsippany Boulevard
Parsippany, New Jersey 07054
Tel: (973) 263-7160 Fax: (973) 299-1349
phealth@parsippany.net

HEALTH DEPARTMENT

No. _____

Carlo DiLizia
Health Officer

TEMPORARY 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:

\$50 – Fewer than 7 days

\$100 – 7 through 14 days

Complete Section Below:

Applicant's Name (please print): _____

Signature of Applicant: _____

Title of Applicant: _____ Date: _____

For Office use only: Fee Paid

License #