

Fee: \$75.00

Temporary License

## Dover Health Department Temporary Food and Drink License

### Applicant Information

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

Location of Food & Drink Sale or Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date and Time of Sale or Event: \_\_\_\_\_

### Food Information

Description of food services to be rendered:

Types of food to be served: \_\_\_\_\_

Means of refrigerating perishable foods: \_\_\_\_\_

Where food will be prepared: \_\_\_\_\_

Names and addresses of suppliers of food:

\_\_\_\_\_

\_\_\_\_\_

**\*All foods shall be protected against contamination from dust, flies, unclean utensils and work surfaces, unnecessary handling, etc.**

**\*Temporary Food Licenses are not transferable.**

**\*Temporary Food Licenses are valid for a period of 14 consecutive calendar days.**

In consideration of such license, I hereby agree at all times to conduct the said premises in conformance with the purposes, intent and provisions of the New Jersey State Sanitary Code, and other ordinances of the municipality, relating to the conduct of said business.

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

\_\_\_\_\_  
Date

Office Use Only:

Fee Submitted: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Approved: \_\_\_\_\_

Expiration Date: \_\_\_\_\_