



# Borough of Montvale

12 Mercedes Drive, 2nd Floor  
Montvale NJ 07645

www.montvale.org

Ph: 201-391-5700

Fx: 201-391-9317

## Montvale Board of Health Temporary Event License Application

**Instructions:** Submitting this application does not authorize the applicant to start operating; the applicant must have a Montvale Board of Health license. The operator and employees must observe all applicable codes, ordinances, rules & regulations of the local Health Department & the NJ State Department of Health; the applicant is subject to & must cooperate with inspections. Please contact Northwest Bergen Regional Health Commission at 201 445 7217 to schedule an inspection. All vendors must provide a copy of their Health Department License & a copy of their last health inspection posting and/or placard.

### EVENT INFORMATION

Event Name: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Event Time: \_\_\_\_\_ to \_\_\_\_\_

Event Contact Person: \_\_\_\_\_ Event Contact Phone: \_\_\_\_\_

Sponsoring Agency Name: \_\_\_\_\_

Sponsoring Agency Address: \_\_\_\_\_

### LICENSEE INFORMATION

Vendor/Business Name: \_\_\_\_\_

Vendor/Business Address: \_\_\_\_\_

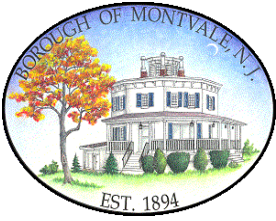
Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ Contact Website: \_\_\_\_\_

### CERTIFIED FOOD HANDLER INFORMATION (IF APPLICABLE)

Name: \_\_\_\_\_ Expires: \_\_\_\_\_

Name: \_\_\_\_\_ Expires: \_\_\_\_\_



**FOOD INFORMATION**

List all foods and beverages to be served and where they will be purchased from and prepared. If you are a FOOD TRUCK, please indicate your Commissary (if foods are not prepared on the truck).

**Please note that home prepared foods are prohibited.**

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Bare hand contact with ready to eat foods is prohibited. Please indicate the method that will be used to assemble, prepare and serve ready to eat foods.

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Facilities must be provided for workers to wash their hands. Please indicate how employees will be able to wash their hands.

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**PAYMENT INFORMATION**

**Please make check payable to the Borough of Montvale. The temporary event fee is \$100 per day.**

I am/we are aware of the requirements of the State and Borough of Montvale Board of Health regulations and agree to be governed thereby.

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**For Office Use**

*Date paid* \_\_\_\_\_ *Cash* \_\_\_\_\_ *Check #* \_\_\_\_\_ *\$ Amount* \_\_\_\_\_