**Westwood Board of Health**

101 Washington Avenue, Westwood, NJ 07675

(201) 664-7100 Ext. 129

**Northwest Bergen Regional Health Commission**20 West Prospect Street \* Waldwick, NJ 07463  
Phone: (201) 445-7217 \* Fax: (201) 445-4001

**Westwood Application for Temporary Retail License for Special Event**

1. Filing of this application does NOT authorize the applicant to start operating; the application MUST be approved by the Health Department and a license MUST be issued. ALL information must be filled out.
2. The operator and employees must observe ALL applicable codes, ordinances, rules and regulations of the local Health Department and the NJ State Department of Health; and is subject to and must cooperate with periodic inspections.
3. All vendors must provide a copy of their Health Department License AND a copy of their last health inspection report AND placard.
4. *Please send a separate check for each event and all paperwork to the Westwood Board of Health at the address listed above*.

**I/We herewith, am/are applying for a WESTWOOD TEMPORARY RETAIL FOOD LICENSE**

**EVENT INFORMATION**

Event Name:

Event Location:

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

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

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

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

**LICENSEE INFORMATION (Retail Food Provider)**

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*.**

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.

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

Facility must provide for cleaning and sanitizing of any food contact surfaces, including equipment and utensils. Please advise how that will be accomplished. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Send payment to:**

**WESTWOOD BOARD OF HEALTH**

**101 Washington Avenue, Westwood, NJ 07675**

**201-664-7100 ext. 129**

**\*\*\*Please send a separate check for each event**

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

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

Signature: