

PISCATAWAY TOWNSHIP CLERK'S OFFICE

**2020**

455 Hoes Lane  
Piscataway, New Jersey 08854  
732-562-2310

Office Use Only	
Date received	_____
Issued	_____
Receipt #	_____
Hold	_____
Ck #	_____

**RETAIL FOOD ESTABLISHMENT TEMPORARY LICENSE APPLICATION**

- \*\* You must submit your Health Inspection Report from Base of Operation, Menu and Layout.**
- \*\* Failure to remit application, documents & required fee will result in application being denied.**
- \*\* All required items must be submitted at least two (2) weeks prior to the scheduled event. NO EXCEPTIONS can be made due to license processing requirements.**

Date \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

I hereby apply for a License to operate a Temporary Retail Food Establishment in Piscataway, N.J.

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

Full Address of Location: \_\_\_\_\_

Set up Time: \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Event Coordinator & Phone #: \_\_\_\_\_

In the event such license is granted, I agree to comply with and abide by all the Provisions, Rules and Regulations of the Middlesex County Health and the Sanitary Code of the Township of Piscataway.

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_

P O Box/Address: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_  
(If your home phone number is unlisted, please indicate by circling the phone number)

Email Address \_\_\_\_\_ No. vehicles: \_\_\_\_\_ License Plate No. \_\_\_\_\_

Is applicant an Individual, Partnership or Corporation (Circle One)

If applicant is a Corporation/Partnership, give Names and Address of the corporate/partnership and the name of the person in charge (**REGISTERED AGENT**) \_\_\_\_\_

**Fee: \$ 100.00 Per Day**

License # **ODT - - 2020**

**LICENSE FEE NON REFUNDABLE!!!**