WYCKOFF BOARD OF HEALTH TOWNSHIP OF WYCKOFF 340 FRANKLIN AVENUE Wyckoff, NJ 07481 201-891-7000 X304

1 – 3 DAY FOOD HANDLERS - \$ 65.00 4 – 7 DAY FOOD HANDLERS - \$135.00

MAKE CHECKS PAYABLE TO: TOWNSHIP OF WYCKOFF

FOR ALL APPLICANTS:

- 1. It is suggested that you reproduce this form so you will be able to use it when your organization applies for any temporary food handler's license during the course of the year.
- 2. The operator and his employees must observe all applicable codes, ordinances, rules and regulations of the Board of Health and the NJ State Department of Health and be subject to and cooperate with periodic inspections from the Wyckoff Board of Health.
- 3. Applications must be received (1) week prior to event.

PLEASE PRINT ALL INFORMATION:

I/We herewith apply for a Tempor	rary license for day(s) to operate, handle,
sell, distribute or maintain		(type of service)
Business/Trading Name		
Address		
Contact Name:		
Telephone (Business)	(Cell)	(Home)
Fax #	e-mail address	
Name of Event:		
Date of Event:	Time of Event:	

Revised 10/02/17

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Number of Trucks (if	`any)	License Plat	e #
		License Pla	te #
I am/we are aware of of Health regulations			cipality and the Wyckoff Board
(Print Name &	: Title)	Signature	Date
FILL IN APPL	WYCKOFF I TOWNSH 340 FRA WYCK MAKES CHEC	BOARD OF HE IIP OF WYCKO NKLIN AVENU KOFF, NJ 07481	OFF UE TO THE
	Office	Use Only Below	7
Date Received		Date Issued	
Date Paid:	Amount Paid:	\$	Check/Cash;

FOOD INFO	DRMATION		
List ALL foods and beverages to be served and from where they will be obtained. PLEASE NOTE THAT HOME PREPARED FOODS ARE PROHIBITED.			
FOODS/BEVERAGES	SOURCE		
1000			
re hand contact with ready to eat foods is public to assemble, prepare and serve re	orohibited. Please indicate the method that eady to eat foods.		
cilities must be provided for workers to wa ployees will be able to wash their hands.	sh their hands. Please indicate how		