

Borough of Dumont

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License #:

APPLICATION FOR TEMPORARY FOOD LICENSE

Event Name _____

Vendor Name: _____

Address: _____

Contact Person: _____ Phone: _____

E-mail Address: _____

Menu of Food to be served: _____

Where will food be purchased?: _____

Where will food be prepared?: _____

How will food be kept at proper temp.? (during transport, on display, and in storage):

How will you eliminate bare hand contact with ready to eat foods?

Names of all food handlers for event: (provide copies of certificates – if applicable)

Did you receive, review, and understand the attached form, "Requirements for temporary food events"?

Signature: _____ Date: _____

For office use only

Reviewed & approved by: _____ Date: _____