## Temporary Event APPLICATION

Secaucus Health Department A:1203 Paterson Plank Road Secaucus, NJ 07094 P:201.330.2031 E:DOberkofler@secaucus.net

		Office Use Only								
	Date	Date: Check #:								
	License #: Amount Paid				id:					
		Fee \$25.00 <u>per da</u>	Y			Fees are nor	refundable			
BUSINESS INFORMATION										
Business Name:										
Mailing Address:										
Business Address:				Со	ontact:					
Business Phone: Fax:			Fax:				Email:			
BUSINESS DESCRIPTION INFORMATION										
Event Name: Location/Address:										
Dates: Time:										
(If your dates exceed seven days, you may be eligible to obtain an annual license. Ask for information)										
Menu Information: Type of products involved and basic delivery information (sources). Please attach a copy of the menu.										
If you have more than one table, truck, cart, stand, etc., they must all be licensed separately. Please total your payment accordingly.										
Total Number of Dates Requested: @ \$25.00 per day = \$										
*(If Applicable): Total: X = \$ (Number of Vendors)										
Only Complete If This Application Is For A Mobile Truck:										
*Vehicle License Plate:										
*State Tax ID #:										
Please Read Carefully:										

This is a temporary vending application. If your license request is accepted, you may operate ONLY at the locations submitted during the dates noted. Any operation at any location on any date within Secaucus that is not covered by your license is unlawful and may result in a penalty and summons to appear in court.

If you wish to obtain an annual license to conduct sales throughout the year, please call the Health Department for information on eligibility.

## Temporary Event APPLICATION

Secaucus Health Department A:1203 Paterson Plank Road Secaucus, NJ 07094 P:201.330.2031 E:DOberkofler@secaucus.net

## **REQUIREMENTS**

The fee to operate this business is \$25.00 per day. Payments may be made with a business check, bank check, or money order. \*No cash or personal checks. Make all checks & money orders payable to the 'Secaucus Board of Health". Payment must be submitted with this application to be considered for approval. Please send your payment and a copy of this application to the address listed above.

Any late payments will result in a penalty of \$100.00. Bounced checks will result in a penalty of \$20.00. Failed inspections will result in a penalty of \$40.00. Continuing to violate any portion of the applicable laws for your business will result in fines or a summons to appear in court.

An inspection will be conducted on at least one day of your temporary operations. Any failures will result in a close of operations until the matters can be corrected. Any operations without a visible license on site may also result in the close of operations. The license issued by this department MUST be present during all dates of operations. No refunds will be given after payment is received, regardless of event cancelation, etc. As long as we have you on schedule, payments/licensing can be made close to, but must be prior to, the event. Remember to leave enough time to receive the license if it is being mailed.

Holding a license is a privilege, not a right. Failure to meet any of the above criteria will serve as a reason for non-issuance of a license. Further, violation of the sanitary code or other applicable state or local laws may serve as a reason for revocation of your license, legal action, fines, or a possible summons to appear in court. Your cooperation is anticipated.

Please call the Health Department with any questions you may have regarding this application.

Town of Secaucus, and that under penalty of perjury, the statements and documents constituting a part of this application are true, correct and complete to the best of my knowledge."						
Applicant's Signature:	Title:					
Print Name:	Date:					

"I hereby declare that I will comply with all of the requirements of the ordinances and regulation of the