



TEMPORARY EVENT – FOOD PERMIT APPLICATION

BOROUGH OF MAYWOOD BOARD OF HEALTH

15 Park Avenue, Maywood, NJ 07607

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**PLEASE COMPLETE THIS FORM AND MAIL
WITH THE \$25 PERMIT FEE TO THE ABOVE ADDRESS**

Permit Fee: \$25.00 (Payable to Borough of Maywood)

Name of Applicant: _____

Association or Establishment: _____

Street/City/State/Zip Code: _____

Home Telephone: _____ Business #: _____

Email Address: _____

Event Location: _____

Event Date: _____

Event Start Time: _____ Event End Time: _____

Complete Food and/or Beverage List: _____

Foods prepared: On Site: _____ Commercial Location (specify): _____

Describe how you will store your food: _____

I will keep hot foods above 135 degrees by the following method: _____

I will keep cold foods below 41 degrees by the following method using a generator. I understand that refrigeration is required: _____

I have a current Board of Health License in the following town(s) in NJ: _____

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I understand that if the permit is granted, I must comply with all applicable requirements of the Board of Health and the State of New Jersey.

It is further understood that such a permit is non-transferable and is granted for the period designated on the license and may be revoked upon violation of any pertinent requirements of the Board of Health and/or the laws of the State of New Jersey.

Applicant Signature: _____ Date: _____

Print Applicant Name: _____

FOR BOROUGH USE ONLY

Signature of Inspector:

Signature of BOH Secretary:

Date Issued: _____

Method of Payment/Check # _____

Comments:
