



PISCATAWAY TOWNSHIP CLERK'S OFFICE  
455 HOES LANE, PISCATAWAY, NJ 08854  
TOWNSHIP OF PISCATAWAY  
(732) 562-2310

Application for One Day Temporary Food License

I (or we), the undersigned, do hereby make application for a license to operate a one day temporary establishment in the Township of Piscataway, and in the event such license is granted, I (we) agree to abide by all the provisions, rules, and regulations of the Middlesex County Health Department and the sanitary code of Piscataway Township:

You must submit ALL the following items a MINIMUM of 2 weeks prior to the event or application will be DENIED:

Health Inspection Report from Base of Operation  
Layout \$100 per day fee

Menu  
Completed application

\_\_\_\_\_  
Name of business

\_\_\_\_\_  
Business address

\_\_\_\_\_  
Business phone number

**\$100.00 per day license fee**

\_\_\_\_\_  
Manager name

\_\_\_\_\_  
Manager phone number

\_\_\_\_\_  
Vehicle #1 license plate

\_\_\_\_\_  
Vehicle #2 license plate

**Event information**

\_\_\_\_\_  
Event name

\_\_\_\_\_  
Event Location

\_\_\_\_\_  
Event Date (s)

\_\_\_\_\_  
Event Setup time

\_\_\_\_\_  
Event Start time

\_\_\_\_\_  
Event End Time

\_\_\_\_\_  
Event coordinator

\_\_\_\_\_  
Event coordinator phone number

**LICENSE FEE IS NON REFUNDABLE**

Office Use Only			
Date received:	_____	License Number:	<u>ODT - - 2022</u>
Payment Method:	_____	Check/MO number:	_____
Receipt number:	_____	Processed by:	_____