

**Old Bridge Township**  
Jettie Minucci, Certified Municipal Registrar  
Health Department 1 Old Bridge Plaza Old Bridge, NJ 08857  
732-721-5600 x 6200 732-607-7918 FAX

**TEMPORARY FOOD ESTABLISHMENT**

**Ordinance #34-04 sets the Special Event Food Vendor fee at \$50  
MAKE CHECKS PAYABLE TO OLD BRIDGE HEALTH DEPT.**

**This application must be filed with the Health Department no later than 1 week prior to the event.**

Please fill out sections A and B completely.

**A. STAND OWNER INFORMATION**

Name/Organization \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_  
List of food items to be sold \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of employees \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**B. EVENT INFORMATION**

Name/Location of event \_\_\_\_\_  
Owner/Operator of event \_\_\_\_\_  
Owner/Operator address \_\_\_\_\_  
Owner/Operator telephone \_\_\_\_\_

**NOTE: LICENSES WILL BE DISTRIBUTED AT THE EVENT AFTER INSPECTION**

Date \_\_\_\_\_ Signature of responsible person \_\_\_\_\_  
\_\_\_\_\_  
Print name of responsible person \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Date of license \_\_\_\_\_ License number \_\_\_\_\_  
License category Temporary \_\_\_\_\_ Fee paid \_\_\_\_\_