

FRANKFORD TOWNSHIP BOARD OF HEALTH 151 US HIGHWAY 206 *AUGUSTA, NEW JERSEY 07822 PH: 973-948-5566 – FAX: 973-948-0943

APPLICATION TO OPERATE A TEMPORARY RETAIL FOOD ESTABLISHMENT

DATE:	_ APPLICANT NAME:	
MAILING ADDRESS:		
CITY	STATE	ZIP
PHONE:	CELL:	FAX:
***EMAIL ADDRESS*	** (We must have)	
TRADE NAME:		
		<i>ford Township</i> that you will be operating at we a 2024 Annual Permit please enter
Foods to Be Sold:		
		tion & Date Issued (MUST attach a copy of ll be accepted without this certificate attached)
		f the Township Ordinances regulating food stands the requirements of these ordinances
PERM	IT FEE MUST ACCOMPANY	THIS APPLICATION:
Total floor area greater the Total floor less than 300 Temporary food permit:. Additional vendor location	yable to Frankford Township Benan 300 square ftsquare fton at same site:	 \$ 250.00 for the calendar year \$ 150.00 for the calendar year \$ 50.00 for a one-day event \$ 50.00 for the calendar year
****NO PERMITS WI	LL BE ISSUED WITHOUT A Verding this application can be direct	ted to the Secretary of the Board of Health at
All Temporary Foo	d Vendors and Event Coordina cated at 201 Wheatsworth Road	**************************************

Temporary Food Vendor applications and instructions are available on the website and must be completed and submitted for review. Fees also apply and are made payable to the "County of Sussex". Fee schedule is on the food vendor application and instruction document. Temporary Event coordinators must complete the coordinator application and the vendor list.