



TOWNSHIP OF COLTS NECK

124 Cedar Drive
Colts Neck, New Jersey 07722
Email: coltsneckhd@optonline.net

Cedar Drive, Colts Neck, New Jersey
Phone: 732-462-5470 ext.109
Fax: 732-431-3173

TEMPORARY FOOD SERVICE EVENTS
APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE

Only Pre-Packaged (non-potentially hazardous) Food - FEE: \$30.00

DATE: _____

All Other Foods Stored/ Prepared On-Site - FEE: \$60.00

(Payable to: Township of Colts Neck)

Name of Event: _____

Location of Event: _____

Date(s) of Event: _____ Time(s) _____

Trade Name: _____

Name/Address: _____

(Base of Operation- where foods/packaging materials are stored – attach latest inspection report for this location)

Owner's Name: _____

Address: _____

Main Contact Telephone Number: _____

Emergency Telephone Number: _____

(Emergency number must be different than main number listed above)

Please list **all** foods that will be prepared and/or sold: (include copy of your Servsafe Cert.)

By applying for this license, I hereby agree to all Regulations and Ordinances of the Board of Health, Township of Colts Neck. I also agree to follow the food safety guidelines issued by the Colts Neck Health Department.

Signed: _____ Title: _____

Return completed form at least 45 days before scheduled event to:
Colts Neck Health Department 124 Cedar Drive, Colts Neck, NJ 07722 732-462-5470 ext. 109

***Please be aware that a refund cannot be issued after a permit has been processed ***