

TEMPORARY FOOD LICENSE

Dear Food Vendor:

Attached please find the Township of Sparta's application for a Temporary Food Vendor's License. Please complete the application and return with the appropriate fee. The check is made payable to the Township of Sparta, 65 Main St., Sparta, NJ 07871.

Once the application is received by Sparta Township it will be forwarded to the Sussex County Health Department for their review.

You will then make application for a Temporary Food License to the Sussex County Health Department before a license will be issued. Applications are available on-line at www.sussex.nj.us/health The Temporary Food License application is under form center on their website.. Please complete the applications and forward to the Sussex County Health Department.

If you have any questions, please call our office at 973-729-4493.

Sincerely,

Tyann Acevedo
Assistant Municipal Clerk

Attachment

/ta

TOWNSHIP OF SPARTA - OFFICE OF MUNICIPAL CLERK

65 Main Street, Sparta, New Jersey 07871
Telephone: 973-729-4493 Fax: 973-726-3664
Tyann.acevedo@spartanj.org

APPLICATION FOR TEMPORARY RETAIL FOOD VENDOR LICENSE

This is not Including Mobile Food Trucks, Mobile Food Truck Application is Separate

Vendor Information

Trade Name: _____ Phone _____

Contact Person _____ Email _____

Mailing Address: _____
(Street) _____ (City) _____ (State) _____ (Zip Code) _____

Event Information

Name of Event _____ Location of Event _____

Date(s) of Event _____ Hours of Operation _____

Name of Event Coordinator _____ Phone _____

Email _____ **Check off One Below**

Temporary Food One Day Event Fee: \$30.00 _____

Temporary Food – Yearly \$75.00 _____

Temporary Non-Profit Retail Food License \$15.00 _____ **Tax Clearance**
Cert.# _____

Types of food to be served: _____

Name & Address of Suppliers of Food Products: _____

Means of Refrigeration: _____

In making this application, I hereby agree at all times to comply with all ordinances of the Township of Sparta and the laws of the State of New Jersey applicable to such establishments.

Print Name of Owner or Authorized Agent /Title

Signature - Date

For Office Use Only

