

**OAKLAND BOARD OF HEALTH**  
**Municipal Plaza, Oakland, NJ 07436**  
**Phone: 201-337-9254 FAX: 201-337-9212**

**TEMPORARY FOOD LICENSE APPLICATION**

**TYPE OF LICENSE:** \_\_\_\_\_ 1 to 3-Day License (\$100.00)      4 to 7 Day License (\$150.00)  
(Fees waived for Non-Profit Organizations)

**Trade/Organization Name:** \_\_\_\_\_ **Tel. #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Individual Responsible for Operation of Stand:** \_\_\_\_\_

**Cell phone # or Daytime Tel. #:** \_\_\_\_\_

**Name of Function** \_\_\_\_\_

**Location of Function** \_\_\_\_\_ **Stand #:** \_\_\_\_\_

**Length of Function:**      **Start Day/Date** \_\_\_\_\_ **End Day/Date** \_\_\_\_\_

**In the space provided below, PLEASE LIST EACH TYPE OF FOOD BEING SERVED, the NAME AND ADDRESS OF EACH SUPPLIER FROM WHICH YOU WILL PURCHASE FOOD, AND WHERE FOOD WILL BE PREPARED. (Please use other side if additional space is required.):**

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_
- 4) \_\_\_\_\_  
\_\_\_\_\_
- 5) \_\_\_\_\_  
\_\_\_\_\_
- 6) \_\_\_\_\_  
\_\_\_\_\_

**Date and Time food stand will be inspected:** \_\_\_\_\_.

**NOTE: Licenses are non-transferable and will be issued upon satisfactory inspection of temporary food stand.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Health Inspector's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_