

Fee: \$50.00

Temporary License

Dover Health Department Temporary Food and Drink License

Applicant Information

Date: _____

Name of Applicant: _____ Phone #: _____

Address: _____

Location of Food & Drink Sale or Event: _____

Date and Time of Sale or Event: _____

Food Information

Description of food services to be rendered:

Types of food to be served: _____

Means of refrigerating perishable foods: _____

Where food will be prepared: _____

Names and addresses of suppliers of food:

***All foods shall be protected against contamination from dust, flies, unclean utensils and work surfaces, unnecessary handling, etc.**

***Temporary Food Licenses are not transferable.**

***Temporary Food Licenses are valid for a period of 14 consecutive calendar days.**

In consideration of such license, I hereby agree at all times to conduct the said premises in conformance with the purposes, intent and provisions of the New Jersey State Sanitary Code, and other ordinances of the municipality, relating to the conduct of said business.

Signature of Applicant

Date

Office Use Only:

Fee Submitted: _____

Date Submitted: _____

Approved: _____

Expiration Date: _____