

234 Main Street
Ridgefield Park, NJ 07660
Tele# 201 641-9125 x 5

FOR OFFICE USE ONLY

DATE _____

LICENSE # _____

DATE FEE REC'D _____

**VILLAGE OF RIDGEFIELD PARK
HEALTH DEPARTMENT**

FOOD HANDLER APPLICATION

ITINERANT APPLICATION

DATE _____

NAME OF EVENT _____

DATES OF OPERATION _____

BUSINESS NAME _____

Please print

ADDRESS _____

Please print

BUSINESS TELEPHONE # _____ FAX # _____

TYPE OF BUSINESS _____

FEE \$ 25 per day _____

APPLICANT AGREES TO COMPLY WITH ALL ORDINANCES OF THE DEPARTMENT OF
HEALTH OF THE VILLAGE OF RIDGEFIELD PARK, NEW JERSEY AND THOSE OF THE
STATE OF NEW JERSEY.

OWNER'S NAME _____

Please Print

HOME ADDRESS _____

Please Print

EMERGENCY PHONE # _____ CELL/BEEPER PHONE # _____

OWNER'S
SIGNATURE _____

WHERE ARE SUPPLIES PURCHASED: (Name and address of establishment) PLEASE PRINT

IF THE INFORMATION REQUESTED BY THE HEALTH DEPARTMENT AND PROVIDED
BY YOU AT THE TIME OF APPLICATION FOR LICENSE IS FOUND TO BE FALSE, THE
LICENSE IS SUBJECT TO IMMEDIATE REVOCATION.