FORT LEE HEALTH DEPARTMENT
309 Main Street
Fort Lee, NJ 07024
201-592-3500 X 1510

APPLICATION FOR A FARMERS MARKET LICENSE

Trade Name:_____

Business Address:_____

Business Phone:_____Email:_____

Food Handler/Manager Certification:_____

Owner's Name:_____

Owner's Address:_____

On-site Manager:_____

Chairperson of Event:_____Phone:_____

Description of food to be sold:_____

Location where food is obtained or prepared:_____

_____

Methods of food preparation and storage (**must comply with NJ Sanitary Code Chapter 24**):

_____

_____

_____

_____

Owner Signature: _____ Date: _____

FEE: $20/Single or Yearly

----------Office Use Only----------

Date Issued:_____ License #:_____