

WYCKOFF BOARD OF HEALTH  
TOWNSHIP OF WYCKOFF  
340 FRANKLIN AVENUE  
Wyckoff, NJ 07481  
201-891-7000 X304

**1 – 3 DAY FOOD HANDLERS - \$ 65.00**  
**4 – 7 DAY FOOD HANDLERS - \$135.00**

MAKE CHECKS PAYABLE TO: TOWNSHIP OF WYCKOFF

**FOR ALL APPLICANTS:**

1. It is suggested that you reproduce this form so you will be able to use it when your organization applies for any temporary food handler's license during the course of the year.
2. The operator and his employees must observe all applicable codes, ordinances, rules and regulations of the Board of Health and the NJ State Department of Health and be subject to and cooperate with periodic inspections from the Wyckoff Board of Health.
3. Applications must be received (1) week prior to event.

**PLEASE PRINT ALL INFORMATION:**

I/We herewith apply for a Temporary license for \_\_\_\_ day(s) to operate, handle,  
sell, distribute or maintain \_\_\_\_\_ (type of service).

Business/Trading Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Fax # \_\_\_\_\_ e-mail address \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Number of Trucks (if any) \_\_\_\_\_ License Plate # \_\_\_\_\_

License Plate # \_\_\_\_\_

I am/we are aware of the requirements of the State, Municipality and the Wyckoff Board of Health regulations and agree to be governed thereby

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(Print Name & Title)

Signature

Date

**FILL IN APPLICATION COMPLETELY, SIGN AND RETURN TO THE  
WYCKOFF BOARD OF HEALTH  
TOWNSHIP OF WYCKOFF  
340 FRANKLIN AVENUE  
WYCKOFF, NJ 07481**

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TOWNSHIP OF WYCKOFF**

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Office Use Only Below

Date Received \_\_\_\_\_ Date Issued \_\_\_\_\_

Date Paid: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Check/Cash: \_\_\_\_\_

