



MAPLEWOOD HEALTH DEPARTMENT APPLICATION FOR A 2022 ONE DAY FOOD BUSINESS LICENSE

*The undersigned do hereby apply for a license to operate a food business in the Township of Maplewood.
I/We agree to abide by the regulations and ordinances of the Township and the State of New Jersey.*

PLEASE NOTE: As of October 4, 2021, all vendors who prepare food in their residential kitchens must obtain a Cottage Food Operator Permit from the State of NJ.

Name of Business: _____

Address: _____

Event (Name & Date): _____

Business Owner: _____

President/Manager (if applicable): _____

Address: _____

Telephone: _____ **Email:** _____

Name of Building Owner (if different): _____

Address: _____

Telephone: _____ **Email:** _____

Emergency Contact (Name & phone): _____

Signature of Applicant: _____ **Date** _____

Fee: \$25 **Make Check Payable to:** Township of Maplewood
Mail to: Maplewood Health Department, 574 Valley Street, Maplewood, NJ 07040

Please Provide:

1. A menu of the food to be served
2. A copy of your food business license from the township where you are located, OR your Cottage Food Operator Permit
3. A copy of your Sanitary Inspection Certificate (if a commercial kitchen)
4. A copy of your ServSafe certificate (if applicable)

For Office Use Only

Paid ☐ CASH ☐ CHECK # _____ Date: _____ Amount: _____ TOS # _____

License # _____ Issued: _____ Date of last inspection: _____

☐ SATISFACTORY ☐ CONDITIONAL ☐ UNSATISFACTORY