



TOWNSHIP of MONTGOMERY

SOMERSET COUNTY

DEPARTMENT OF HEALTH

Also serving the Boroughs of Hopewell, Pennington, & Rocky Hill

2261 Route 206 Belle Mead, New Jersey 08502

Phone: 908-359-8211 Fax: 908-359-4308 Email: Health@twp.montgomery.nj.us

ROCKY HILL TEMPORARY RETAIL FOOD LICENSE APPLICATION

(Permit shall be applied for at least 5 days prior to the event. Please print clearly.)

Fee: \$50.00

NAME OF APPLICANT: _____

ADDRESS: _____

PHONE: (____) _____ EMAIL: _____

DATE(S) OF EVENT: _____ TIME OF EVENT: _____

ADDRESS OF EVENT SITE: _____

ADDRESS WHERE FOOD WILL BE PREPARED AND STORED: * (see reverse)

PLEASE COMPLETE THE FOLLOWING: *(Both sides of Form)*

MENU

HOW SERVED

What kind of meat or poultry will be served?

Hot Cold
 Hot Cold

What kind of fish or shellfish will be served?

Hot Cold
 Hot Cold

What kind of salads?

Hot Cold
 Hot Cold

What kind of beverages?

Hot Cold
 Hot Cold

What kind of desserts?

Hot Cold
 Hot Cold

Any other foods not previously listed?

Hot Cold
 Hot Cold

RETURN APPLICATION (w/ FEE) to:
Borough of Rocky Hill – Clerks Office
P.O. Box 188
Rocky Hill, NJ 08553
(make checks payable to Borough of Rocky Hill)

I have read the Health Department guidelines for the operation of a temporary food service facility and hereby agree to abide by those guidelines.

(Signature of Applicant)

(Date)

If you are cooking with a propane tank you will need to contact the Borough Fire Official for possible additional permits & fees.

*** NOTE: As per N.J.A.C. 8:24 (CHAPTER 24)**

ALL food sold for public consumption must be prepared at or purchased from an approved/licensed facility. Preparation of food in a “home kitchen” is strictly forbidden.

FOR HEALTH DEPARTMENT USE ONLY

Date Received: ____/____/20____ License Number: _____

Date Issued: ____/____/20____ Approved By: _____