

SOUTH PLAINFIELD HEALTH DEPARTMENT
2480 Plainfield Avenue, South Plainfield, NJ 07080

FOR EVENTS – CATERER APPLICATION

ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____

ESTABLISHMENT TELEPHONE NUMBER: _____

FAX NUMBER: _____

CATERER OWNER NAME: _____

CATERER ADDRESS: _____

CATERER TELEPHONE NUMBER: _____

MANDATORY EMAIL: _____

DATE(S) OF EVENT: _____

NAME OF EVENT: _____

NON-REFUNDABLE APPLICATION FEE

<u>LICENSE TYPE</u>		<u>AMOUNT</u>
CATERER PERMIT – per day	\$150.00 X _____ DAYS =	_____
	TOTAL AMOUNT:	_____

*Cancellations by the vendor are non-refundable. *Cancellation of an event by the town is refundable.

FOR OFFICE USE ONLY.

LICENSE # _____ DATE ISSUED: _____

METHOD OF PAYMENT: CASH \$ _____ CHECK \$ _____ CHECK NUMBER _____