

Phone: 973-579-0370

FRANKFORD TOWNSHIP BOARD OF HEALTH 151 US HIGHWAY 206 *AUGUSTA, NEW JERSEY 07822

PH: 973-948-5566 - FAX: 973-948-0943

DATE:	APPLICANT NAME:	
MAILING ADDRESS:		
CITY	STATE	ZIP
PHONE:	CELL:	FAX:
EMAIL ADDRESS	S (We must have)	
TRADE NAME:		
Please list the name a	*For Vendors On and dates of all events in <i>Frankord To</i> the Calendar Ye	ownship that you will be operating at dur
	r Processed:	
		n & Date Issued (MUST attach a copy of
8	•	ne Township Ordinances regulating food ands the requirements of these ordinances
PER	MIT FEE MUST ACCOMPANY TH	IIS APPLICATION:
Total floor area greater Total floor less than 30 Temporary food permi Additional vendor loca	payable to Frankford Township Boar than 300 square ft	s 250.00 for the calendar year \$ 150.00 for the calendar year \$ 50.00 for a one-day event \$ 50.00 for the calendar year \$ 25.00 for the calendar year
****NO PERMITS V Any questions reg	973-948-5566	LID CERTIFICATION. to the Secretary of the Board of Health at
		rs must also apply to the "Sussex County Iamburg, NJ 07419 for approval to oper

Temporary Food Vendor applications and instructions are available on the website and must be completed and submitted for review. Fees also apply and are made payable to the "County of Sussex". Fee schedule is on the food vendor application and instruction document. Temporary Event coordinators must complete the coordinator application and the vendor list.

Website: www.sussex.nj.us

E-mail address: schealth@sussex.nj.us