

TOWNSHIP OF LACEY  
DEPARTMENT OF COMMUNITY DEVELOPMENT  
**BOARD OF HEALTH**

MAILING ADDRESS: 818 LACEY ROAD, FORKED RIVER, NJ 08731

OFFICE LOCATION: 124 SOUTH MAIN STREET , FORKED RIVER, NJ 08731  
(609) 693-1100 EXT. 2251 FAX (609) 242-6480

ADMINISTRATIVE SECRETARY DCD – SUSAN CONNOR

LACEY TOWNSHIP TEMPORARY RETAIL FOOD ESTABLISHMENT

Please ***complete the enclosed application*** and return with your check payable to Lacey Township in the amount of **\$10.00** for a Temporary Food Establishment License.

Temporary retail food establishment licenses shall not exceed ten (10) consecutive calendar days.

Any event being held outside of the establishment needs to obtain **Special Event Approval**. To obtain this approval you must apply for a **Zoning Permit - six (6) weeks prior to the event**. When applying you must submit a **Layout Plan of the Event**. This plan must indicate times, dates, any equipment/tents being setup, vendors, flow of pedestrian traffic plus any promotional signage being proposed. There is no fee for the Zoning Review.

The layout plan will be reviewed by Zoning Officer, Township Administrator and Chief of Police.

The Zoning Office will contact applicants upon Township Approval of said event.

Applications should be submitted to the Office of Community Development located at 124 South Main Street, Forked River. Our office hours are from 8:30 am to 4:30 pm Monday through Friday.

**NOTE:** IF YOU ARE MAILING IN YOUR APPLICATION OR APPLYING IN PERSON PLEASE MAKE SURE YOU ENCLOSE/BRING YOUR “LAYOUT PLAN”, SO THERE WILL BE NO DELAY IN REVIEWING YOUR SUBMISSION FOR YOUR SPECIAL EVENT.

Thanking you in advance for your cooperation in this matter.

Susan Connor, Administrative Secretary DCD  
Lacey Township Board of Health  
Department of Community Development

# LACEY TOWNSHIP BOARD OF HEALTH

Mailing Address: 818 Lacey Road, Forked River, NJ 08731  
Office Location: 124 South Main Street, Forked River, NJ 08731

## APPLICATION FOR TEMPORARY RETAIL FOOD ESTABLISHMENT LICENSE

The proper fee must accompany application.

Please make checks payable to *Lacey Township Board of Health*

**TEMPORARY FOOD ESTABLISHMENT - \$10.00**

(Chapter 362-2 License fees; expiration; renewal; posting)

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

TELEPHONE NUMBER OF ESTABLISHMENT: \_\_\_\_\_

TELEPHONE NUMBER FOR EMERGENCIES: \_\_\_\_\_

IF CORPORATION, NAME AND ADDRESS OF REGISTERED AGENT: \_\_\_\_\_

MILK & ICE CREAM OR ICE CREAM MIX OBTAINED FROM: \_\_\_\_\_

SHELL FISH OBTAINED FROM: \_\_\_\_\_

### **EVENT INFORMATION:**

NAME OF EVENT: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

DATES OF EVENT: \_\_\_\_\_

RAIN DATE: \_\_\_\_\_

THE APPLICANT AGREES TO CONDUCT THIS BUSINESS ESTABLISHMENT IN ACCORDANCE WITH CHAPTER 12 OF THE NEW JERSEY STATE SANITARY CODE, ALL APPLICABLE LOCAL ORDINANCES, AND THE ORDINANCES AND RULES, AND REGULATIONS OF THE BOARD OF HEALTH. THE APPLICANT FURTHER UNDERSTANDS AND AGREES THAT SUCH LICENSE AS MAY BE ISSUED UPON APPROVAL OF THIS APPLICATION, MAY BE SUMMARILY REVOKED OR SUSPENDED FOR VIOLATIONS OF THE ABOVE MENTIONED CODE, ORDINANCES, RULES AND REGULATIONS.

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
OFFICE OR TITLE

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### **OFFICE USE**

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ LICENSE # \_\_\_\_\_