

Lafayette Township Board of Health
33 Morris Farm Road
Lafayette, NJ 07848
973-383-1817

Annual Registration for Food Vendors

Name of Vendor: _____ Business Name: _____

Address: _____

Mailing Address: _____

Phone Numbers:(Home) _____ (Bus) _____ (Cell) _____

Description of Food Services: _____

Types of Food to be Served: _____

Means of Refrigeration: _____

Location/Township of Food Preparation site: _____
(Must be an approved/licensed facility – Home kitchens are not permitted)

Dates of Event: _____

Names of Suppliers of Meat Products, Shellfish etc _____

Addresses of Suppliers: _____

I have read the food handling and food preparation hand out and agree to follow these practices and requirements. I will also post these requirements in a conspicuous location at the vending location. Fee:\$50.00

Name

Title

Signature

Date