

**TOWNSHIP OF SPARTA
OFFICE OF MUNICIPAL CLERK**

65 Main Street, Sparta, New Jersey 07871
Telephone: 973-729-4493 Fax: 973-729-0063

TEMPORARY RETAIL FOOD APPLICATION

Trade Name: _____

Business Address: _____
(Street) (City) (State) (Zip Code)

Phone #: _____ Fax #: _____

Email ID: _____

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Name of Owner/Corporation: _____

Address: _____
(Street) (City) (State) (Zip Code)

Phone #: _____ Fax#: _____

Contact Name: _____ Phone #: _____

In making this application, I hereby agree at all times to comply with all ordinances of the Township of Sparta and the laws of the State of New Jersey applicable to such establishments.

Print Name of Owner or Authorized Agent Date

Signature Title

For Office Use Only

License #: _____ Receipt #: _____ Date: _____

Temporary Retail Food License \$30.00 _____

Temporary Non-Profit Retail Food License \$15.00 _____ Tax Clearance Cert.# _____