



Township of Wall
 2700 Allaire Road
 Wall, NJ 07719
 (732)449-8444

Special Event Food License Application

Applications must be submitted at least 3 weeks prior to the event

Please check where the event will be hosted:

Wall Municipal Complex <ul style="list-style-type: none"> Point of contact is Wall Recreation (732)449-8444 ext. 2251 	Camp Evans/Info Age <ul style="list-style-type: none"> Point of contact is Wall Recreation (732)449-8444 ext. 2251 	Other <ul style="list-style-type: none"> Point of Contact is the Wall Township Clerks Office clerk@townshipofwall.com (732)449-8444 ext. 2200
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Company Name: _____ Contact Name: _____

Address of Applicant: _____
Street Town State Zip Code

E-mail Address: _____ Cell Phone (unlisted): _____

Event Participating in: _____ Business Phone: _____

Date(s) of Event: ____/____/____ to ____/____/____ Rain Date(s) (if applicable) ____/____/____ to ____/____/____

- Wall Township may provide requested electrical requirements for events hosted at the Municipal Complex; contact Wall Recreation to confirm. Please provide necessary voltage and amps below:
 _____ voltage _____ amps

- The fee for a Special Event Food License is: **\$50.00 per week – Checks made payable to Wall Township.**

By checking this box, I consent that I have reviewed and understand Township Code Chapter 119 pertaining to food establishments.

Applicant's Signature

Date of Application

The following are required to prior to submission:

- Satisfactory Inspection rating from Monmouth County Regional Health Commission must be issued.
 - They may be reached at (732)493-9520 or
 - 1540 West Park Avenue Ocean Township, NJ 07712
- Satisfactory Inspection rating from Wall Township Fire Prevention must be issued for this event.
 - They may be reached at (732)449-8444 extension 2254
 - Fire Station at 1612 Route 71 (between 16th and 17th Avenues)
 - www.wallfirebureau.com
- Certificate of Liability Insurance, noting Wall Township as additionally insured, in the amount of 1 (one) million dollars **if Special Event is on Wall Township owned property**
 - Must include Workman's Compensation

For Office Use Only					
Fire Prevention Inspection Date:		MCRHC Inspection Date		Cert. of Liability Approval Date:	
Fee Amount:		Check Number:		License Number	
Date Issued		Notes:			