



CITY OF ELIZABETH
CITY OF ELIZABETH, NEW JERSEY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
50 Winfield Scott Plaza, Elizabeth, NJ 07201-2462
Phone (908) 820-4056 Fax (908) 820-4718

J. CHRISTIAN BOLLWAGE
MAYOR

MARK S. COLICCHIO
HEALTH OFFICER

APPLICATION
TEMPORARY FOOD & BEVERAGE LICENSE
VENDOR BOOTHS

The undersigned does hereby make application for a license to operate a food and/or beverage booth at:

Name of Festival: Juneteenth Celebration

Date of Festival: Sunday, June 23, 2024

Location of Festival: Elizabeth Waterfront (Front St. & Elizabeth Ave.)

Sponsor of Festival: Juneteenth Collective 1865/ Urban League of Union County

Sponsor Address: 1139 E. Jersey St., Suite 515, Elizabeth, NJ 07201

Sponsor Telephone: 908-351-7200 E-Mail juneteenthcollective.eliz@gmail.com

Type of Booth: _____
Food items to be served _____

Name & Address of Licensed Business: _____

Hours of Operation: _____

Name of Operator: _____

Operator Address: _____

Operator Telephone: _____ E-Mail _____

In making this application I agree to comply with all the Ordinances of the City of Elizabeth and the laws of the State of New Jersey covering food establishments. It is further agreed that I will surrender this license if granted, to the City of Elizabeth on demand for violating such laws or ordinances.

Signature of Operator: _____ Date: _____