



BOROUGH OF CHESTER HEALTH DEPARTMENT
50 NORTH ROAD, CHESTER, NJ 07930
TELEPHONE #: (908) 879-3660 X 12128
FAX #: (908) 879-0122

APPLICATION FOR EVENT LICENSE
(Non Food)

Name of Event: _____

Date(s) of Event: _____

Applicant's Name: _____

Applicant's Address: _____

Phone #: Home: _____ Business: _____

Name of Business to be licensed: _____

Business Address: _____

Business Mailing Address: _____

NO LICENSE SHALL BE TRANSFERABLE. Licenses may be suspended or revoked by the Health Department upon violation.

Signature of Applicant

Date

Fee: \$35.00