



Borough of Rockaway

Municipal Clerk's Office
 1 East Main Street
 Rockaway, NJ 07866
 973-627-2000 x226

www.rockawayborough.org

SPECIAL EVENT PERMIT APPLICATION

Event Sponsor Information

Event Sponsor: _____

Mailing Address: _____

Telephone Number: _____ Email Address: _____

Event Information

Event Date: _____ Hours: _____

Location: _____

Description of Event: _____

Food Vendor Information

Food Vendors Invited for Event	Food to Be Served

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Food Vendor Information (continued)	
Food Vendors Invited for Event	Food to Be Served

Certification

I certify to the Borough of Rockaway that the undersigned has completed this Special Event Permit Application and all representations stated herein are true and accurate to the best of my knowledge based on my information and belief and I agree to comply with all provisions of Chapter 215, Special Events, as well as Section 261-30.1, Mobile Food Vendors, of the Code of the Borough of Rockaway.

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

For Office Use Only

Mayor and Council
Resolution No.: _____ Date of Adoption: _____

Borough Permit No. _____ Issue Date: _____

Borough Clerk's
Signature: _____

Distribution List: Applicant, Borough Clerk, Fire Prevention, Health Department, Zoning