



**Township of West Milford**  
**TEMPORARY OUTDOOR COMMERCIAL SALES EVENT**  
**AND FARMERS MARKET PERMIT APPLICATION**  
**(Attach all pertinent plans and documentation)**

Fee: \$50.00

Check #: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Email \_\_\_\_\_

Applicant's Mailing Address \_\_\_\_\_ Phone # \_\_\_\_\_

Type of Activity \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Time: \_\_\_\_\_

Location Address of Activity \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Zone \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

Anticipated Number of Persons \_\_\_\_\_ Amount of Parking Spaces Provided \_\_\_\_\_ Number of Toilet Facilities Available \_\_\_\_\_

**Check any of the following that apply:**

Township Owned Property \_\_\_\_\_ BOE Owned Property \_\_\_\_\_ Insured \_\_\_\_\_ Non Profit Agency \_\_\_\_\_

Food Preparation \_\_\_\_\_ On-Site Food Vendors \_\_\_\_\_ Amplified Music \_\_\_\_\_ Solid Waste Receptacle Provided \_\_\_\_\_

On-Site Tents, Structures, Trailers \_\_\_\_\_ Temporary Signage \_\_\_\_\_ Medical Facilities Available \_\_\_\_\_

**AFTER ALL DEPARTMENTS HAVE REVIEWED, PLEASE RETURN TO THE BUILDING/ZONING  
DEPARTMENT FOR ISSUANCE OF A PERMIT. PLEASE NOTE THAT THE  
BUSINESS ADMINISTRATOR/BOARD SECRETARY MUST APPROVE EVENTS FOR BOE OWNED PROPERTIES.**

HEALTH OFFICER CONDITIONS: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

POLICE CHIEF CONDITIONS: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DPW CONDITIONS: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ENGINEERING CONDITIONS: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMMUNITY SERVICES & RECREATION DIRECTOR CONDITIONS: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FIRE MARSHAL CONDITIONS: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TOWNSHIP ADMINISTRATOR CONDITIONS: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CONSTRUCTION OFFICIAL CONDITIONS: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_