

APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD CONCESSION

NAME OF EVENT: _____ DATE OF EVENT: _____

PLACE OF EVENT: _____ TIME OF EVENT: _____

NAME OF EVENT COORDINATOR: _____ PHONE # DAY OF EVENT: _____

(The person listed above must be the designated person available on the day of event to answer any questions.)

NAME OF FOOD BOOTH: _____

TIME BOOTH(S) WILL BE READY FOR INSPECTION: _____ NUMBER OF FOOD BOOTHS: _____

NAME OF FOOD BOOTH OWNER: _____ PHONE NUMBER: _____

ADDRESS OF OWNER: _____

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1. WHERE WILL FOOD BE STORED AND/OR PREPARED PRIOR TO THE EVENT? (STORAGE FACILITY MUST BE A LICENSED FACILITY – ITEMS MAY NOT BE STORED IN A PRIVATE HOME, NO FOODS MAY BE PREPARED IN A PRIVATE HOME.)

 2. NAME OF ESTABLISHMENT: _____ INSPECTED BY: _____

ADDRESS: _____
 3. HOW WILL YOU KEEP FOOD COLD? (41 DEGREES F.) ON SITE (at sales booth?)
(Examples: food requiring refrigeration includes raw and previously cooked meats, poultry, fish, vegetables, salads, eggs and dairy products) _____

 4. HOW WILL YOU KEEP HOT FOOD HOT? (135 DEGREES F.) ON SITE (at sales booth?)
(Examples: cooked, ready-to-serve meats, poultry, seafood, tofu, cooked onions and peppers, potatoes, beans, falafel, chili, barbecue, veggie burgers, etc.) _____

 5. HOW WILL YOU PREVENT BARE HAND CONTACT WITH READY-TO-EAT FOODS? _____

 6. DESCRIBE HANDWASHING FACILITIES AT YOUR BOOTH: _____

 7. DESCRIBE THE WAREWASHING FACILITIES IN YOUR BOOTH: _____

 8. LIST ALL FOOD AND BEVERAGE ITEMS THAT WILL BE SERVED:

 9. I agree to abide by the regulations as per N.J.A.C.8:24 et Seq.

APPLICANT'S SIGNATURE

DATE

FEES: \$100.00-3 DAYS OR LESS/\$135.00-4 DAYS OR MORE. PAYMENT MUST ACCOMPANY THIS APPLICATION. PLEASE MAKE CHECKS PAYABLE TO "FLEMINGTON BOROUGH" (38 PARK AVENUE, FLEMINGTON, NJ 08822 – 908-782-8840)

FOR OFFICE USE ONLY:

APPROVED: YES ___ NO ___ PAYMENT RECEIVED _____ TEMPORARY FOOD LICENSE # _____