

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: _____

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 # _____