



### TEMPERATURE CONTROL

Please describe the method(s) in which you will maintain temperature(s).

How will you provide temperature control during transport to the location?

This does not apply to my operation

How will you reheat food(s)?

This does not apply to my operation

How will you maintain hot holding temperatures during the event?

This does not apply to my operation

How will you maintain cold holding temperatures during the event?

This does not apply to my operation

### HANDWASHING FACILITIES

**HANDWASHING FACILITIES:** Handwashing facilities must be provided at each food booth/stand. Please contact your Registered Environmental Health Specialist for approved methods.

- I will set up a portable hand washing station.
- The Event Organizer is providing portable handwashing stations that are conveniently located.
- I am operating in a fixed facility that has a hand sink.
- I am operating in a mobile food truck that has a hand sink.
- I DO NOT need a handwashing sink, as I am selling ONLY prepackaged food and/or drink. Hand sanitizer is required.

### DISHWASHING

**DISHWASHING FACILITIES:** Dishwashing facilities must be available for operators who engage in on-site food preparation. Please contact your Registered Environmental Health Specialist for approved methods. (check one)

- I will set up a portable dishwashing station.
- The Event Organizer is providing a community dishwashing station for my use.
- I am operating in a fixed facility that is permitting use of the dishwashing facilities.
- I am operating in a mobile food truck that has dishwashing facilities on site.
- I DO NOT need dishwashing facilities, as I am not engaging in on-site food preparation.

### METHOD OF SANITIZING

**SANITIZING SOLUTION:** If you are engaging in on-site food preparation, a method of sanitizing food contact surfaces must be available. (check one)

- Sanitizing bucket/spray bottle with Chlorine (50 -100 ppm)
- Sanitizing bucket/spray bottle with Quaternary Ammonia (100-200 ppm)
- I DO NOT need sanitizing solution, as I am not engaging in on-site food preparation. Sanitizing wipes are required.

### WATER, SEWER and WASTE INFORMATION

**WATER:** If water supply is required, (handwashing, dishwashing or food preparation) water must come from a potable water supply. Water will be obtained from: (check one)

- A public water supply is provided on-site. Water supplier name: \_\_\_\_\_
- A public water supply is NOT provided on-site. Water supplier name: \_\_\_\_\_
- A non-public/non-municipal/private water supply (i.e. well water)  
\*\*WATER TEST RESULT MUST BE PROVIDED WITH THIS APPLICATION\*\*
- I will not be using water, as ALL of my food is pre-packaged and non-potentially hazardous

**SEWER:** If there is a need to dispose of waste/grey water, it must be disposed of in an approved manner.(Check one)

- A municipal/public sewage disposal system on site.
- A non-public sewage disposal system (i.e. holding tank) on site.
- For Mobile Food Vendors: Appropriate sewage/waste holding tanks that will be disposed of at approved sewage disposal sites.

**\*\*WASTE/GREY WATER CANNOT BE DISPOSED OF DOWN A STORM DRAIN\*\***

**GARBAGE/RECYCLING**

- I will use the garbage/recycling containers provided by the Event Organizer.
- I will transport my garbage/recycling off-site and dispose of it at this location: \_\_\_\_\_

**ADDITIONAL DOCUMENTATION REQUIREMENTS**

If you sell certain food items and/or beverages, you may be required to submit additional documentation for review. Please check the items below if they are applicable to your operation. Failure to submit this information may result in denial of your application. Should you have specific questions regarding the applicability of these requirements, please contact your Local Health Department and/or the Morris County Office of Health Management and request to speak with a Registered Environmental Health Specialist.

**FARMER'S MARKET VENDORS**

- |   |   |
|---|---|
| <p><b>Cider</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of NJ Department of Health or Local Health Department license and inspection report</li> <li><input type="checkbox"/> Copy of FDA warning statement if cider is not appropriately treated</li> <li><input type="checkbox"/> Package labeling – provide copy of label</li> </ul> <p><b>Eggs</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof that facility is registered with NJDA (if applicable)</li> <li><input type="checkbox"/> Proper labeling of cartons – provide copy of label</li> </ul> <p><b>Cheese</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of license from cheese processing plant (retail or wholesale)</li> <li><input type="checkbox"/> Copy of most recent inspection report</li> <li><input type="checkbox"/> Package labeling – provide copy of label</li> </ul> | <p><b>Canned/Jarred Foods</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof that items are prepared in a certified retort canning facility (ONLY for non-refrigerated, low acid food items)</li> <li><input type="checkbox"/> Copy of Local Health Department report and license (ONLY for high-acid or acidified food items)</li> <li><input type="checkbox"/> Package labeling – provide copy of label</li> </ul> <p><b>Meat</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> USDA certification stamp or USDA inspection report</li> <li><input type="checkbox"/> Copy of Local Health Department report and license (for storage or freezer units)</li> <li><input type="checkbox"/> Package labeling – provide copy of label</li> </ul> <p><b>Honey</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Package labeling – provide copy of label</li> </ul> |
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**MOBILE FOOD VENDORS**

- Copy of Commissary Agreement
- Proof of purchase for food items

**ALCOHOL, BEER and WINE VENDORS**

- Copy of ABC License
- Copy of Retail Food License (Beer and wine vendors)
- Copy of FDA license (if applicable)

**ADDITIONAL REQUIREMENTS**

- Drawing of stand layout including equipment, work tables, food and table service storage, and hand washing facilities. Please add an additional sheet if necessary.
- List of all food handlers (only if offering/selling unpackaged food items). Please list below.

**STATEMENT and CERTIFICATION:**

Approval of these plans and specifications by the Local Health Department and/or Morris County Office of Health Management does not indicate compliance with other codes, laws or regulations that may be required (i.e. Federal, State or local). Furthermore, it does not constitute endorsement or acceptance of the completed operation (structure or event.) An inspection of the operation with equipment in place and operational will be necessary to determine if it complies with local and state laws governing food service establishments. Once the application is approved, no changes can be made without approval by the Local Health Department and/or Morris County Office of Health Management. Unauthorized changes may result in denial or revocation of your temporary food license.

I attest that all of the information on this application is accurate to the best of my knowledge. I understand that licenses are non-transferable and non-refundable. By operating my business within the specified municipality, I realize that legal action may be taken for non-compliance of State and local laws, along with the suspension and revocation of my food license.

<b>Printed Name of Operator/Owner</b>	<b>Signature of Operator/Owner</b>
<b>Date of Submission</b>	

**\*\*\*OFFICIAL USE ONLY \*\*\***

<b>RECEIPT INFORMATION:</b>		Date Received:	Received By:	Fee Collected:	Method of Payment:	
					<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card
					<input type="checkbox"/> Check	<input type="checkbox"/> Money Order
Reviewed By:			Date:	License Issued By:	Date Issued:	License No.

Comments: