



200 South Street,
P.O. Box 914
Morristown, NJ
07963-0914

Health Division

Main Office	(973) 796-1975
Health Officer	(973) 796-1993
Health Inspectors (REHS)	(973) 292-6713 (973) 796-1804
Nurse	(973) 292-6702
Animal Control	(973) 292-6731
Fax	(973) 292-6730

TEMPORARY FOOD VENDOR LICENSE APPLICATION

Please complete all fields. Incomplete applications will not be approved.
A copy of your driver's license or a government-issued photo ID must be submitted with this license application.

IMPORTANT INFORMATION

- This license is not transferable and non-refundable.
- If establishment is a non-profit organization, submit proof of IRS 501(c) 3.
- Copy of current operating retail food license and inspection report or placard may be required.
- All vendors are required to receive approval from the Division of Health prior to the event.
- All foods must come from a regulated wholesale/retail food establishment. Ensure proper records (receipts). Homemade prepared food items (foods that are prepared from home/private kitchen) are not permitted for sale.
 - *For Cottage Food Operators – as these uses are not permitted, please file a land use application before the zoning board*
- Food vendor owner/operator must provide a sketch of their booth layout (equipment, work tables, food storage, washing facilities, dishwashing facilities, etc.)
 - If using well water, recent test result must be provided with this application
 - Reminder: waste/grey water cannot be disposed of down a storm drain
- Make sure you have all the necessary equipment and supplies to properly cook, maintain hot/cold holding, and clean/disinfect surfaces. Bare hand contact is prohibited with ready-to-eat foods.
- For Risk Type III - Food vendor owner/operator must provide copy of Food Protection Manager's Certification.
- Food vendor owner/operator must provide a list of all food handlers participating at event.
- For mobile food trucks:
 - Provide copy of Commissary Agreement & current Satisfactory placard or inspection report.
 - Copy of the itinerant permit issued by the Morristown Clerk's Office must be provided with your application. Questions pertaining to the itinerant permit, please contact the Morristown Clerk's Office at (973) 292-6639. **No license shall be issued from the Division of Health until an itinerant permit is issued by the Clerk's Office.**
- If you have questions regarding your temporary event food vendor license or approved methods, please contact the Health Division at 973-796-1975 and request to speak to a Health Inspector.

EVENT INFORMATION

Name of Event _____
Event Location _____
Event Address _____

EVENT INFORMATION (CONTINUED)

Event Start Date _____ Event Start Time _____
 Event End Date _____ Event End Time _____
 Rain Date(s) _____

Event Organizer Name _____ Cell Phone _____
 Event Organizer Email Address (or Website) _____

FOOD VENDOR INFORMATION

Trade Name _____
 Business Owner Name(s) _____
 Business Owner Home/Mailing Address _____
 Business Owner Phone # _____ Email _____

Manager/Person in Charge Name _____ Cell Phone (during event) _____
 Event Date(s) of Operations _____ Event Time(s) _____

FOOD HANDLING INFORMATION

TYPE OF FOOD UNIT

*Food truck _____ Cart _____ Table-top/stand _____ Tent _____
 *Food truck (make/model; license plate) _____

MENU/TYPE OF FOOD PREPARED Please attach separate sheet if necessary

FOOD ITEM(S)	How is it served?		Made to order?		Off-site preparation?		On-site food preparation?		Cooking Equipment (Describe)
	HOT	COLD	YES	NO	YES*	NO	YES	NO	

TEMPERATURE CONTROL

Describe method(s) in which you will maintain temperature(s):

Describe how you will provide temperature control during transport to the location:
 _____ Not applicable

How will you reheat food(s)?
 _____ Not applicable

How will you maintain hot holding temperatures during the event?
 _____ Not applicable

How will you maintain cold holding temperatures during the event?
 _____ Not applicable

HANDWASHING FACILITIES

HANDWASHING FACILITIES: Handwashing facilities must be provided at each food booth/stand.

- Provided by Event Organizer
- I will set up a portable hand washing station
- 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.
- Not applicable (selling only prepackaged foods/drink; hand sanitizer is required)

DISHWASHING

DISHWASHING FACILITIES: Dishwashing facilities must be available for operators who engage in on-site food preparation.

- Provided by Event Organizer
- I will set up a portable dishwashing station.
- 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.
- Not applicable (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.

- Sanitizing bucket/spray bottle with Chlorine (50 -100 ppm)
- Sanitizing bucket/spray bottle with Quaternary Ammonia (200-400 ppm)
- Not applicable (not engaging in on-site food preparation however, sanitizing wipes required).

AVAILABILITY OF FACILITIES

Where will you get your potable water?

- Provided by Event Organizer
- Other (specify): _____

How will you dispose of your waste water?

- Provided by Event Organizer
- Other (specify): _____

How will you dispose of your garbage?

- Provided by Event Organizer
- Other (specify): _____

TEMPORARY FOOD VENDOR SKETCH

Provide a drawing of the booth layout. Identify all equipment including cooking equipment, hot and cold holding equipment, hand washing facilities, work tables, dishwashing facilities, food storage, etc.

Please attach separate sheet if necessary

ADDITIONAL DOCUMENTATION REQUIREMENTS

FARMER'S MARKET VENDORS

<p>Cider</p> <p><input type="checkbox"/> Copy of NJ Department of Health or Local Health Department license and inspection report</p> <p><input type="checkbox"/> Copy of FDA warning statement if cider is not appropriately treated</p> <p><input type="checkbox"/> Package labeling – provide copy of label</p> <p>Eggs</p> <p><input type="checkbox"/> Proof that facility is registered with NJDA (if applicable)</p> <p><input type="checkbox"/> Proper labeling of cartons – provide copy of label</p> <p>Cheese</p> <p><input type="checkbox"/> Copy of license from cheese processing plant (retail or wholesale)</p> <p><input type="checkbox"/> Copy of most recent inspection report</p> <p><input type="checkbox"/> Package labeling – provide copy of label</p>	<p>Canned/Jarred Foods</p> <p><input type="checkbox"/> Proof that items are prepared in a certified retort canning facility (ONLY for non-refrigerated, low acid food items)</p> <p><input type="checkbox"/> Copy of Local Health Department report and license (ONLY for high-acid or acidified food items)</p> <p><input type="checkbox"/> Package labeling – provide copy of label</p> <p>Meat</p> <p><input type="checkbox"/> USDA certification stamp or USDA inspection report</p> <p><input type="checkbox"/> Copy of Local Health Department report and license (for storage or freezer units)</p> <p><input type="checkbox"/> Package labeling – provide copy of label</p> <p>Honey</p> <p><input type="checkbox"/> Package labeling – provide copy of label</p>
--	--

CERTIFICATION & SIGNATURE

Applicant agrees to comply, and abide by, all the provisions of NJAC 8:24 of the NJ Sanitary Code and all local codes regulating retail food establishments. By operating a business in the Town of Morristown, legal action may be taken for non-compliance of State and Town laws, along with the suspension or revocation of license upon violation of such codes.

If any of the information in this application changes, the applicant must inform the Morristown Health Division of those changes.

By signing below, I certify that the information provided on this form is true, correct, and complete to the best of my knowledge and further understand that if the above information is willfully false, may result in legal action including closure of the food operations.

Applicant Signature _____

Date _____

Applicant Printed Name _____

OFFICIAL USE ONLY				
RECEIPT INFORMATION:	Date Received:	Received By:	Fee Collected: \$ _____	Check Cash Other _____
License Number:		Date of License Issued:		
Comments:				