



SINCE 1844

ROCKAWAY TOWNSHIP

65 MOUNT HOPE ROAD, ROCKAWAY, NEW JERSEY 07866

Temporary Retail Food Vendor Application

All applications must be received at least 21 days prior to the event for review. All sections of this application must be completed and fee paid or it will be returned. You will not be able to participate in the event without approval from this Division.

Vendor Information

Date of Application _____

Trading Name of Vendor _____ Phone# _____

Contact Person _____ Email _____

Mailing Address _____ City _____ State _____ Zip _____

Event Information

Name of Event _____

Location of event (municipality) _____ Block _____ Lot _____

Street address _____

Name of Event Coordinator _____ Phone# _____

Email of Event Coordinator _____

Description of Food Unit

Tabletop/Tent Push Cart Food Preparation Vehicle Refrigerated Vehicle Other

Hours of Operation:

Months, Days & Hours of Operation: _____

Description of Food Operation (check all that apply)

- | | | |
|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Commercially pre-packaged food | <input type="checkbox"/> Cold foods | <input type="checkbox"/> Raw Meats |
| <input type="checkbox"/> Bottled/Canned beverages | <input type="checkbox"/> Frozen Foods | <input type="checkbox"/> Fish |
| <input type="checkbox"/> Prepared Beverages | <input type="checkbox"/> Hot foods | <input type="checkbox"/> Shellfish* |
| <input type="checkbox"/> Non-hazardous foods (bakery goods) | | |
| <input type="checkbox"/> Limited food preparation (cook to order) | | |
| <input type="checkbox"/> Potentially hazardous foods (containing animal or plant ingredients) | | |
| <input type="checkbox"/> Advance food preparation at commercial kitchen base of operation only (Risk 3) | | |
| <input type="checkbox"/> Canned/bottled fruit jams and jellies | | |
| <input type="checkbox"/> Other _____ | | |

* Shellfish tags must be available at time of inspection and maintained for min. 90 days after event.

NO non-commercially prepared jarred/canned shelf stable or acidified foods for room temperature storage will be permitted.

Water What type of water supply will service your booth?

- Public water supply: Name of supplier _____
- On-site drilled well
- Commercially Bottled Water Only (receipts available)
- Water carried-in in food grade containers - identify source of water _____

Wastewater

Place of waste water disposal from food booth operations (excluding sewage) _____

Food Source and Food Service Operations: NO HOME PREPARED FOODS PERMITTED

Menu Items: List all foods and beverages given, served, or provided for sampling to the general public
Add additional sheets if needed.

Food/Drink	Source of Food (Receipts On-site)	Where is food prepared?	
		Off-site: When/where?	On-site: Equipment used

Type of Food Protection	Equipment or Method
Overhead (Roof, Canopy)	_____
Food Drink Items Stored Off the Ground	_____
Floor Surface Material (dirt covered)	_____
Food Displayed, Wrapped, Covered, or Protected with Sneezeguard	_____

Cold and Hot Holding

Describe how food is maintained at 41° F or below and 135° F or above at all times during:

Transport to the event: _____

Preparation: _____

Display: _____

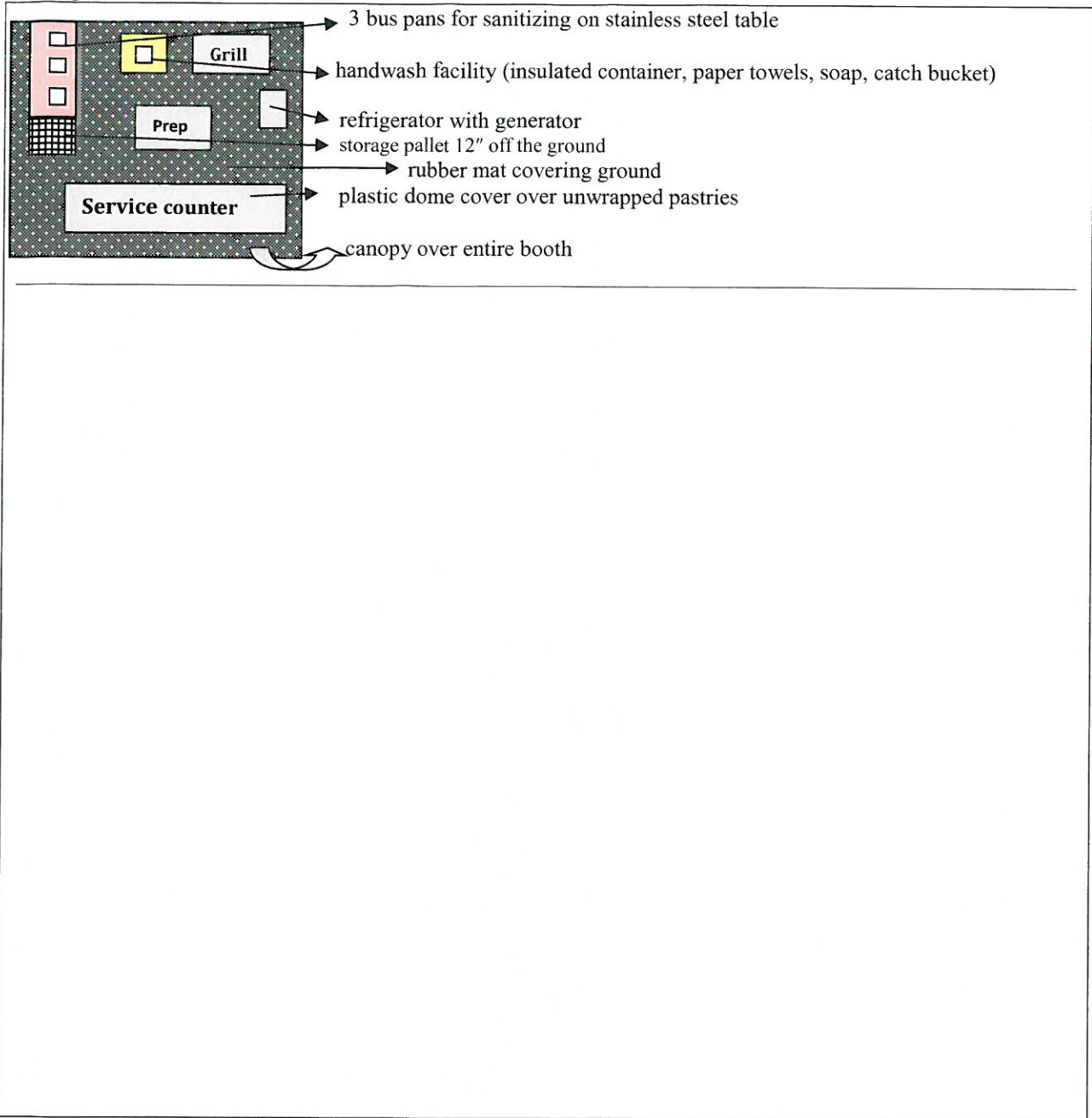
Hot & Cold Unit Storage: _____

ALL LEFT OVER PREPARED FOODS MUST BE DISCARDED

Identify equipment used in the temporary food facility:

<p>Required handwash station for all open foods</p> <p><input type="checkbox"/> 5 gallon insulated container with free flow spigot and 5 gallon catch bucket, liquid hand soap and paper towels OR</p> <p><input type="checkbox"/> Hand sink with cold and hot running water, liquid hand soap and paper towels</p> <hr/> <p><input type="checkbox"/> Hand sanitizer required for pre-packaged food vendors only</p> <hr/> <p>Sanitation if preparing foods (choose 1 or 2 and 3 or 4):</p> <p>1. <input type="checkbox"/> 3- compartment sink with hot and cold running water OR</p> <p>2. <input type="checkbox"/> 3 large pans with potable water _____ and _____</p> <p>3. <input type="checkbox"/> Bucket with sanitizer and wiping cloth OR</p> <p>4. <input type="checkbox"/> Spray bottles with sanitizer</p> <hr/> <p>Identify if you are providing the following:</p> <p><input type="checkbox"/> Freshwater storage tank ___ gallons</p> <p><input type="checkbox"/> Wastewater retention tank ___ gallons</p>	<p>Required equipment:</p> <p><input type="checkbox"/> Thermometers in each cold holding unit</p> <p><input type="checkbox"/> Thermometer to test prepared food temp</p> <p><input type="checkbox"/> Disposable gloves</p> <p><input type="checkbox"/> Waste containers</p> <p><input type="checkbox"/> Recycling containers</p> <p><input type="checkbox"/> Sanitizer test kit</p> <p>Power Source</p> <p><input type="checkbox"/> Electric</p> <p><input type="checkbox"/> Generator</p> <p><input type="checkbox"/> Propane</p>	<p>Cold holding equipment</p> <p><input type="checkbox"/> Ice chest with ice packs</p> <p><input type="checkbox"/> Ice chest with drained ice</p> <p><input type="checkbox"/> Refrigerator</p> <p><input type="checkbox"/> Refrigerated truck</p> <p><input type="checkbox"/> Freezer</p> <p><input type="checkbox"/> Freezer truck</p> <p><input type="checkbox"/> Dry Ice</p> <p>Hot holding equipment</p> <p><input type="checkbox"/> Oven/Stove</p> <p><input type="checkbox"/> BBQ Grill</p> <p><input type="checkbox"/> Gas Grill</p> <p><input type="checkbox"/> Deep Fryer</p> <p><input type="checkbox"/> Smoker</p> <p><input type="checkbox"/> Steam Table</p> <p><input type="checkbox"/> Other _____</p> <p>◆Crock pots are not permitted for cooking or reheating</p>
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Provide sketch/layout of the booth in the space below (may be hand-drawn). Include: equipment, cooking area, food prep area, hand wash facility, ware-washing & sanitizing area, storage, etc. Label all equipment. All vendors must provide a sketch. Below is an example:



I hereby certify that the above listed information is correct. I also understand that the home preparation and storage of food, or the cleaning of equipment or utensils used in the operation is prohibited as per N.J.A.C. 8:24-3.1A and 8:24-3.2 and is subject to penalties, fines and possible license forfeiture. If any changes in my operation occur, I agree to notify the Division of Health immediately.

Vendor/Owner/Operator (print) _____

Vendor/Owner/Operator (signature) _____

TO BE COMPLETED BY BASE OF OPERATION/COMMISSARY OWNER OR MANAGER

CERTIFICATION: USE OF LICENSED FOOD ESTABLISHMENT

I (we) certify that this licensed food establishment (commissary/ base of operation provider),

ESTABLISHMENT NAME

LOCATION ADDRESS

Municipality _____ Block _____ Lot _____,

will be used by (temp food vendor) _____, owned by _____,

(name of vendor business)

(commissary/base of operation provider)

mailing address, _____,

(temporary vendor business address)

for the purpose of; preparing and storing food items, cleaning equipment, and all other functions of a retail food establishment in compliance with; Chapter 24 (N.J.A.C. 8:24) Sanitation in Retail Food Establishments and Food and Beverage Vending Machines, and local Sanitary regulations.

Sufficient storage space, and refrigeration, will be made available to the contracting food vendor.

I certify the statements and information made in this application are true, complete and correct to the best of my knowledge and belief. (please print)

Name of Licensed Establishment (commissary): _____

Certifying Commissary Owner: _____ Title: _____

Commissary/Base of Operation Address: _____

Commissary Phone # _____

E-Mail _____ Fax # _____

Commissary/Base of Operation Owner Signature

Date

VENDOR NAME _____

ATTACHMENT CHECKLIST (SUBMIT ALL WITH APPLICATION)

All Sections of the application must be completed or it will be returned.

- Water Testing Records** of water source (private wells only, if not already provided to this Health Department)
- Copy of **Food Protection Managers Certification (Risk 3)**, advanced preparation of foods
- Copy of **Food License and Inspection Report** or **Inspection Rating Placard** for Base of Operation
- Copy of **Food License and Inspection Report** or **Inspection Rating Placard** for Food Vendor Business from Health Authority
- Menu**
- Temporary license fee- \$50**-payable to the "Rockaway Township Division of Health".

BELOW SECTION IS FOR OFFICIAL USE ONLY:

APPROVED: DATE: _____ **EXPIRATION DATE:** _____

Classified Risk Type: Risk 1 Risk 2 Risk 3 Risk 4

Approval Restrictions:

DISAPPROVED: DATE: _____

Reasons for disapproval:

Inspector: _____

Fee Remitted _____ Check#/Cash _____ Permit # _____

Issue Date _____ Expiration Date _____