



Sussex County Division of Health
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TEMPORARY FOOD ESTABLISHMENT APPLICATION

TFE OPERATOR INFORMATION	EVENT INFORMATION
Name of Owner and business name/DBA:	Event Name:
Mailing Address:	Location:
City/State/Zip Code:	Address:
Email:	City:
Type of Organization: <input type="checkbox"/> For Profit <input type="checkbox"/> Charitable – Not for Profit	<input type="checkbox"/> Check here if operating under cottage food law and <u>include a copy of permit</u>
Event Organizer’s Name:	Date(s) and hours of Event:
On-site (Person-in-Charge) Contact:	Event Location: <input type="checkbox"/> Indoor Event <input type="checkbox"/> Outdoor Event
On-site Contact Cell Phone:	Facility Type: <input type="checkbox"/> Booth/Table/Tent <input type="checkbox"/> Mobile Food Establishment* <input type="checkbox"/> Permanent Building <input type="checkbox"/> Food Cart

FOOD INFORMATION: LIST ALL FOOD/BEVERAGE PRODUCTS THAT WILL BE PREPARED, SOLD OR GIVEN AWAY.			
List Menu Item	Source	Prepared on site Y/N	Prepared at commissary*Y/N

***Mobile food establishments are required to have a commissary and complete the base of operation agreement. Home preparation of any food is not permitted without a cottage food permit.** All food shall be obtained from sources that comply with law. All Potentially Hazardous Food (Time/Temperature Control for Food Safety) which is pre-cooked and pre-cooled off site for service at the temporary food establishment shall be prepared at an approved, permanent food establishment.

TEMPORARY FOOD ESTABLISHMENT REQUIREMENTS

Check off all equipment and facilities that will be provided. Sketch the general layout of the Temporary Food Establishment on page 3 of this application.

Required equipment:

- Thermometers in each cold holding unit
- Thermometer to test prepared food temp
- Disposable gloves
- Waste containers
- Recycling containers

Ware-washing:

- Temporary three basin set up
- Three compartment sink with running water

Sanitizer to be used:

- Chlorine Quaternary Ammonia Iodine
- Appropriate sanitizer test kit provided

Handwashing Facilities

Type of handwashing facility:

- Gravity-fed water with spigot/bucket
- Self-contained portable unit (with potable water and waste water holding tanks)
- Plumbed with hot and cold water under pressure
- Hand sanitizer (for pre-packaged foods only)

Hand Soap, single-use towels, and trash receptacle must be provided at all handwashing sinks.

What type of water supply will service your booth?

- Public water supply: Name of supplier _____
- Water supply at Frankford Fairgrounds (for events at fairgrounds)
- Commercially Bottled Water Only (receipts available)
- Water carried-in in food grade containers - identify source of water _____

Food Storage or Display Equipment

Identify all holding equipment that will be used:

- Ice chest with ice packs Ice chest with drained ice
- Refrigerator Refrigerated truck
- Freezer Freezer truck Steam Table
- Other _____

Cooking Equipment

Identify all cooking equipment that will be used:

- Oven/Stove BBQ Grill Gas Grill Deep Fryer
- Smoker
- Other _____

Food Transportation

Food shall be transported in a manner that protects the food from contamination and ensure PHF's are maintained at 135F or above or 41F or below.

Identify how food will be transported to event

Food Employees

Certified Food Manager available Yes No
 Name: _____

Include a copy of certificate with application.

Liquid Waste Removal

Identify location of liquid waste removal:

Identify if you are providing the following:

- Freshwater storage tank ___ gallons
- Wastewater retention tank ___ gallons

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Sketch below the general layout of the Temporary Food Establishment indicating the location of the following:

1. Location of cooking and holding equipment
2. Location of handwashing and utensil washing facilities
3. Location of trash disposal containers
4. Location of work tables, food and single-service storage



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 without a cottage food permit 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 Health Department immediately. Approval of this application by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required (i.e., federal, state, or local). Additionally, the undersigned is aware that non-compliance may result in closure of the temporary food establishments.

Vendor/Owner/Operator (print) _____

Vendor/Owner/Operator (signature) _____

BASE OF OPERATION AGREEMENT

Commissary – A commercial catering establishment, restaurant, or other approved facility in which food or supplies are prepared, kept, handled, packaged, and/or stored. **Private residences are prohibited without a cottage food permit.**

APPLICANT INFO

Services provided at commissary (Check all that apply)

- Refrigerated storage of potentially hazardous and perishable food
- Storage of non-potentially hazardous food
- Three-compartment sink or commercial dishwasher for washing and sanitizing multi-use equipment and utensils
- Food preparation area
- Trash disposal
- Potable water supply
- Waste water disposal

The operator/applicant reports to commissary

Beginning of the day (Time _____ am pm)

End of the day (Time _____ am pm)

Other (specify) _____

COMMISSARY INFO

Name of Commissary _____

Address _____ Municipality _____

Telephone Number _____ Date of Last Inspection _____

If facility is not in Sussex County, a copy of the most recent health department inspection report must be submitted.

I hereby certify that the information listed above, provided to the Sussex County Health Department, is true and accurate. I also understand that the home preparation and storage of food is prohibited without a cottage food permit, and the cleaning of equipment or utensils used in this proposed food facility is not conducted in a private residence as per N.J.A.C. 8:24-3.2. I agree to notify the Sussex County Health Department immediately, if there are any changes in my operation or the status of my commissary.

Applicant Name (print) _____

Signature _____ Date _____

Owner/Operator of Commissary (print) _____

Signature _____ Date _____

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ATTACHMENT CHECKLIST (SUBMIT ALL WITH APPLICATION)

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

- Copy of **Food Protection Managers Certification (Risk 3)**, for advanced preparation of foods
- Copy of **Inspection Report** for Base of Operation, if not in Sussex County
- Copy of **Inspection Report** for Food Vendor Business from Health Authority, if not in Sussex County
- Review fee** payable to the **“County of Sussex.” Fee must be received with application before application can be reviewed and processed**

Vendor Categories - Annual Fees EXEMPT: No application or fee required

Whole, uncut fruits and vegetables (except bean sprouts}, pure honey (not infused), and pure maple syrup.

ONCE APPLICATION IS SUBMITTED FEE IS NOT REFUNDABLE

CATEGORY 1: \$25 FEE

*Food that is commercially prepared and packaged, sealed, is not potentially hazardous and does not require preparation or temperature control. **OR***

Food that requires minimal preparation and handling. Examples include: ice cream, kettle corn, cotton candy, roasted nuts, candy apples, popcorn, coffee, tea, shaved ice, baked goods

CATEGORY 2: \$50 FEE

Food that requires temperature control or on site food preparation. Examples include: hamburgers, hot dogs, sandwiches, chili, soup, frozen or fresh meats, empanadas, pizza, cheesesteaks, tacos

Non-profit, Charitable, Community Service Organizations: application required and fee \$15.00

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: _____

Notes:

