



# BOROUGH OF WHARTON ADMINISTRATIVE OFFICES

10 ROBERT STREET, WHARTON, NJ 07885-1997

973-361-8444 / Fax: 973-361-5281

FEE: \$25.00

## APPLICATION FOR TEMPORARY FOOD AND DRINK LICENSE

**PLEASE FILL OUT THIS APPLICATION AND RETURN TO THE CLERK'S OFFICE OR HEALTH DEPARTMENT AT LEAST TWO WEEKS PRIOR TO THE EVENT.**

**PLEASE ATTACH A LIST OF ALL FOOD HANDLERS.**

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_, Home # \_\_\_\_\_

Date and Time of Event: \_\_\_\_\_

Location of food and drink sale: \_\_\_\_\_

Description of food services:

❖ List all foods to be sold and all supplies/purveyors (names and addresses):

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❖ Describe the method of food storage. Include details regarding how food will be held below 41 degrees Fahrenheit or above 135 degrees Fahrenheit.

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❖ Where will goods be prepared, on site or licensed food facility (Food **cannot** be stored, prepared or cooked in private homes)?

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❖ Describe the cooking method. (Food **may not** be reheated)

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❖ How will food be served/dispensed?

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❖ How will food be protected from the public and insects?

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❖ Describe the source of water and ice (for drinks only).

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❖ Identify the location of all restroom facilities:

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Note 1: All foods shall be protected against contamination from dust, flies, unclean utensils and work surfaces, unnecessary handling, etc.  
Note 2: No license shall be transferable.

In consideration of such license, I hereby agree at all times to conduct the said premises in conformance with the purposes, intent and provisions of New Jersey State Sanitary Code, and other ordinances of the municipality, relating to the conduct of said business. Any deviation from the above menu/format must be approved by the Health Department.

Print Name \_\_\_\_\_  
Title \_\_\_\_\_

Signature \_\_\_\_\_

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**FOR OFFICE USE ONLY**

License # \_\_\_\_\_  
Issued \_\_\_\_\_

Date

Fee \$ \_\_\_\_\_  
Approved \_\_\_\_\_

# COMMISSARY AGREEMENT

A "commissary" is a food establishment with a valid Department of Health permit that serves as a support kitchen for another food establishment(s) (lunch wagons, carts, boats, kiosks, meal serving sites, food manufacturer, etc.).

## Commissary

Name of Commissary (dba)	Permit No.
Street Address of Commissary	Phone No.
Owner Name (Corp., LLC, Partnership, Sole Owner, Other)	
Commissary Use Authorized By:	
_____ Signature of Commissary Owner/Authorized Person	_____ Date
_____ Print Name of Commissary Owner/Authorized Person	_____ Title

## Food Establishment Using Commissary Above

Name of Food Establishment (dba)	Permit No. (Renewal Only)
Owner Name (Corp., LLC, Partnership, Sole Owner, Other)	
The operations conducted in the commissary will include (check all that apply):	
<input type="checkbox"/> Cold storage of food products	
<input type="checkbox"/> Dry storage of food products	
<input type="checkbox"/> Food preparation (preparing, cutting, cooking, cooling, reheating, repackaging, etc.)	
<input type="checkbox"/> Cleaning/Sanitizing of equipment and utensils	
<input type="checkbox"/> Servicing water system (filling potable water and disposal of wastewater)	
<input type="checkbox"/> Other (list): _____ _____	
Expected scheduled usage of commissary (circle all that apply):	
Days:	Sun      Mon      Tues      Wed      Thurs      Fri      Sat
Hours:	_____
_____ Signature of Food Establishment Owner/Authorized Person	_____ Date
_____ Print Name of Food Establishment Owner/Authorized Person	_____ Phone Number of Owner/Authorized Person