

John Protonentis, REHS
Environmental Health Coordinator

Environmental & Consumer Health

Email: jprotonentis@ochd.org



OCEAN COUNTY HEALTH DEPARTMENT

P.O. Box 2191

Toms River, NJ 08754-2191

(732) 341-9700 ext. 7480

Fax: (732) 286-1495



Public Health

Prevent. Promote. Protect.

TEMPORARY RETAIL FOOD ESTABLISHMENT APPLICATION

PART 1 (To be completed by Temporary Food Vendor)

Temporary Vendor Business Information

Trading Name of Temporary Vendor: _____
Owner/Corporation: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Mailing Address (if different): _____
Home Phone: _____ Cell Phone: _____ Fax: _____
Email Address: _____

Type of Temporary Unit (Check all that apply)

Tabletop Tent Contestant Other

Sanitation/Personal Hygiene

- Hot/cold running water
 Freshwater Container _____ Gals
 Wastewater Container _____ Gals
 Handsink w. warm running water
 Insulated Container w/ Free Flow Spout
 3 Compartment Sink with hot/cold run water
 Buckets/Spray Bottles with Sanitizer
 Gloves Paper Towels Soap

Other Equipment

- Trash Container
 Sneeze Guards
 Extra Utensils
 Covered Containers
 Foil, Plastic Wrap
 Thermometers
 Sanitizer Test Kit

Temporary Retail Food Unit Operation Schedule (List all that apply)

Temporary/Special Event(s):

Name of Event(s): _____
Days and Times at the event(s): _____
Event Contact Person: _____
Email: _____ Phone: _____

REMINDER!!!! NO HOME PREPARED FOOD ALLOWED - NO HOME STORAGE OF FOOD ALLOWED!!!

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Temporary Retail Food Unit Operation Schedule CONTINUED (List all that apply)

Temporary/Special Event(s):

Name of Event(s): _____

Days and Times at the event(s): _____

Event Contact Person: _____

Email: _____ Phone: _____

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TEMPORARY RETAIL FOOD UNIT NAME _____

DATE _____

PART 2 (TO BE COMPLETED BY SERVICING AREA OWNER/MANAGER/EVENT COORDINATOR OR VENDOR, IF PROVIDING FULLY OPERATIONAL SERVICING AREA ON SITE)

I (vendor) will provide my own servicing area that is fully compliant with all applicable regulations as provided in NJAC 8:24. This would include (but not be limited to), proper wash/ rinse/sanitize area, handwash area, garbage containers, electric power source, refrigeration, all receipts for food items and source, location of nearest restroom facility, sanitizing equipment for utensils, hot/cold holding, thermometers, etc.

Items and equipment for servicing to be provided by the event management and includes the following (check all that apply):

- Event provided equipment for temporary vendor/operator to prepare food at the event location
- Event provided space for temporary vendor/operator to provide storage for the temporary unit at the event location
- Event provided utility Service (i.e. electric hook-up) for temporary unit while in storage at event location.
- Event-provided refrigerated storage of perishable foods (raw fruits & vegetables, etc.)
- Event provided refrigerated storage of potentially hazardous food (raw or cooked meat, shellfish, dairy, cooked vegetables, raw seeds or sprouts, cut melons, non-acidified garlic and oil mixtures, etc.)
- Event provided area for storage of non-hazardous foods, utensils and equipment
- Event provided 3-Compartment sink for washing, rinsing and sanitizing of food contact surfaces
- Event provided trash and garbage disposal
- Event provided waste water disposal
- Event provided grease and oil disposal

(I understand that I am ultimately responsible for providing all equipment, utensils and methods pertaining to my temporary food establishment, even if the event has indicated it will provide all items necessary.)

The temporary food establishment reports to the servicing area (check all that apply):

<input type="checkbox"/> Beginning of the day	<input type="checkbox"/> End of the day	<input type="checkbox"/> Other _____
Time _____	Time _____	Time _____
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Sunday		

I hereby certify that the above listed information is correct. I also understand that the home preparation and storage of food and cleaning of utensils used in this mobile operation is prohibited as per NJAC 8:24-3.1 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 Ocean County Health Department immediately.

Servicing Area Owner/Operator (print) _____	Date _____
Servicing Area Owner/Operator (signature) _____	
Temporary Owner/Operator (print) _____	Date _____
Temporary Owner/Operator (signature) _____	

The Ocean County Health Department (OCHD) reserves the right to deny the application for a temporary retail food establishment for any reason that would imply or indicate that proper public health protection will not be met by the operation of this facility. OCHD may also require additional information and documentation in addition to this application for this purpose.

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Temporary Retail Food Unit Name _____ Date _____

Mobile retail food: Any moveable unit in or on which food or beverage is stored, prepared or transported for retail sale or given away at temporary locations. Self contained mobile unit inspections are conducted at the health department office and at your servicing area. Inspections are valid until December 31, 2014.

Temporary event retail food establishment: A mobile retail food establishment that operates for a period of no more than 14 consecutive days in conjunction with a single event of celebration. This application must be submitted and approved at least 7 days prior to the event. An on site inspection at the event is performed one hour prior to the start of the event when possible. Approvals expire in 14 days OR at the end of the event. An application amendment may be submitted for future events.

BELOW SECTION IS FOR OFFICIAL USE ONLY:

APPROVED DATE: _____ EXPIRATION DATE: _____

Classified Risk Type: Risk 1 Risk 2 Risk 3 (operations at service area only)

Approval Restrictions: _____

Inspector: _____ Approval effective date: _____

REJECTED DATE: _____

Classified Risk Type: Risk 1 Risk 2 Risk 3 (operations at service area only)

Reasons for rejection: _____

Inspector: _____

PLEASE MAIL COMPLETED APPLICATION TO:

OCEAN COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL DIVISION

PO BOX 2191

TOMS RIVER, NJ 08754-2191

OR EMAIL AS A PDF DOCUMENT TO jprotonentis@ochd.org.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE OCEAN COUNTY HEALTH DEPARTMENT ENVIRONMENTAL DIVISION AT (732) 341-9700, EXT. 7416.