



Municipal Offices
1070 Route 202/31
Ringoes, NJ 08551
Phone: (908)-782-8536 X11
Fax: (908)-782-1967

APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD CONCESSION

Check one: _____ **1 TO 3 DAYS / FEE \$100.00 per food stand**
_____ **4 DAYS OR MORE / FEE \$150.00 per food stand**

Please make check payable to "East Amwell Township".

Application must be submitted two (2) weeks prior to event.

If Tax Exempt please attach a copy of the Tax Exempt Certificate.

NAME OF THE EVENT:

DATE OF EVENT:

PLACE OF THE EVENT:

NAME OF ESTABLISHMENT:

NAME OF OWNER:

PHONE #: _____ E-MAIL: _____

OWNERS ADDRESS: _____

TEL # (where you can be reached the day of the event): _____

TIME BOOTH WILL BE READY FOR INSPECTION: _____

1.) WHERE WILL FOOD BE PURCHASED? (No home prepared foods.) _____

2.) WHERE WILL FOOD BE STORED and/or PREPARED PRIOR TO EVENT? (Must be a licensed facility and not a private home.)

NAME OF ESTABLISHMENT: _____

ADDRESS: _____ INSPECTED BY: _____

3.) HOW WILL YOU KEEP FOOD COLD (41 degrees F.) ON SITE (i.e. at sales booth)?
(Food requiring refrigeration includes raw and previously cooked meats, poultry, fish, vegetables, salads, eggs, and dairy products.)

4.) HOW WILL YOU KEEP FOOD HOT (135 degrees F.) ON SITE (at sales booth)?
(Examples of hot food: cooked ready-to-serve meats, poultry, seafood, tofu, cooked onions and peppers, potatoes, beans, falafel, chili, BBQ, "veggie burgers", etc.)

5.) HOW WILL YOU PREVENT BARE HAND CONTACT WITH READY-TO-EAT FOODS?

6.) DESCRIBE THE HAND WASHING FACILITIES AT YOUR BOOTH (Flushing water hand washing required including a water container with continuous flow spigot, discard bucket, soap and paper towels.):

7.) DESCRIBE THE WARE WASHING FACILITIES IN YOUR BOOTH (cookware, dishes, utensils, etc.):

8.) DESCRIBE THE METHOD OF SOLID WASTE DISPOSAL AND MANDATORY RECYCLING OF MATERIALS AT YOUR BOOTH (REQUIRED):

9.) LIST ALL FOOD AND BEVERAGES ITEMS THAT WILL BE SERVED:

10.) I AGREE TO ABIDE BY THE REGULATIONS AS PER N.J.A.C. 8:24 et seq.

APPLICANT'S SIGNATURE

DATE

(OFFICIAL USE ONLY)	Payment amount received:	TEMPORARY FOOD
	\$ _____	LICENSE NUMBER: _____
APPROVED: YES _____ NO _____	CK# _____ CASH _____	