

SPECIAL EVENT
 LASTING ONE WEEK OR
 LESS IN DURATION

VENDOR FEE: \$100
 *PAYABLE TO
 MUNICIPALITY IN WHICH
 EVENT IS TO TAKE PLACE

Ordinance No. 15-01, 5.1b

Monmouth County Regional Health Commission #1
 1540 West Park Avenue, Suite 1
 Ocean, New Jersey 07712
 Telephone (732) 493-9520
 Facsimile (732) 493-9521
www.mcrhc.org

OFFICE USE ONLY

TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

APPLICATION SUBMISSION DATE: _____
 *Note: Application **MUST** be submitted at least 14 days prior to event

EVENT INFORMATION			
NAME OF EVENT:			
LOCATION:			
MUNICIPALITY:			
DATE(S) AND TIME(S) OF EVENT:			
VENDOR INFORMATION			
TRADE NAME:			
OWNER/CONTACT PERSON:			
MAILING ADDRESS:			
TELEPHONE #:		FAX #:	
CELL PHONE #:		EMAIL:	
DATE & TIME WILL BE SET UP/READY FOR INSPECTION:			

*****NOTE*****

All vendors who are planning on preparing and serving at least 3 or more potentially hazardous food items **MUST** provide proof of current certification in food protection from a NJDHSS accredited and recognized certifying program. In addition, there **MUST** be at least one person-in-charge present and available at the site during all hours of operation.

If this is applicable to your operation, you must provide a copy of your certification and complete the following:

NAME OF FOOD SAFETY MANAGER:			
CERTIFYING AGENCY:			
CERTIFICATION NO.:		DATE CERTIFIED:	

DO YOU HOLD A CURRENT FOOD LICENSE WITH THE EVENT MUNICIPALITY? *****If YES, provide a copy of that license and a copy of the current SATISFACTORY placard.	YES	NO
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DO YOU HOLD A CURRENT FOOD LICENSE WITH ANY OTHER MUNICIPALITY? *****If YES, provide a copy of that license and a copy of the current SATISFACTORY placard.	YES	NO
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MENU & FOOD PREPARATION PAGE

Please list food & beverage items that you are planning to serve. If a section is not applicable, please place a "N/A" in the box. Use additional sheets as necessary.

All food and beverages must be purchased from an approved source. Food and/or beverages prepared in a private home are not permitted to be used or offered for consumption. Offsite facilities must be licensed and regularly inspected.

Any menu changes must be submitted and approved by the Health Department at least 48 hours prior to the event.

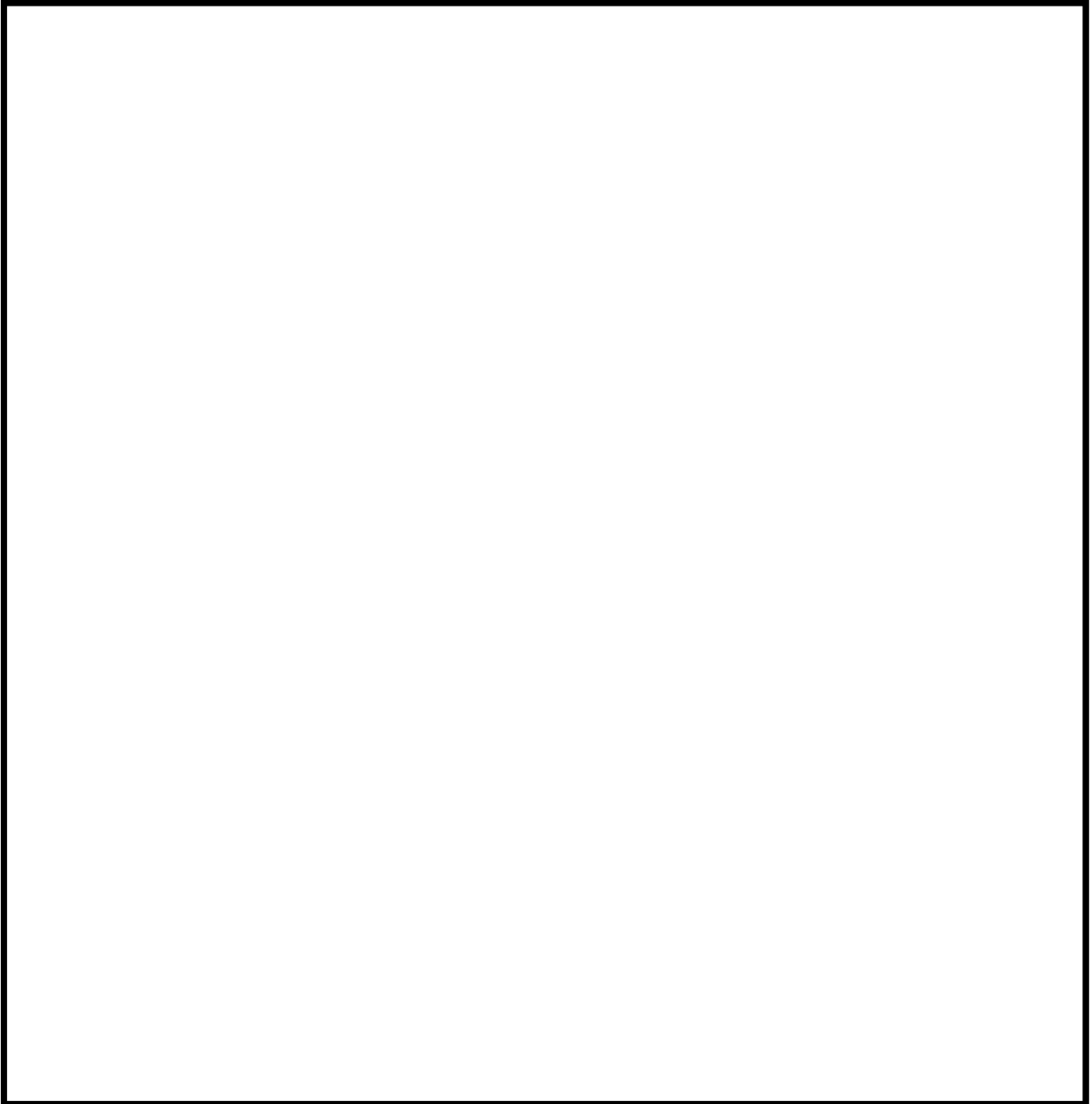
*****THERMOMETERS REQUIRED TO MONITOR FOOD COOKING AND HOT/COLD HOLDING TEMPERATURES*****

FOOD ITEM	PREP ONSITE OR OFFSITE* FACILITY?	TRANSPORT HOT OR COLD? HOW TRANSPORTED?	COLD HOLDING EQUIPMENT USED? (41F OR BELOW)	COOKING/REHEATING EQUIPMENT USED? FINAL COOK/REHEAT TEMPERATURE?	HOT HOLDING EQUIPMENT USED? (140F OR ABOVE)	HOW ARE YOU PREVENTING CROSS-CONTAMINATION?	HOW ARE YOU PREVENTING BARE-HAND CONTACT?
Example: Hamburger	Onsite	Cold: Ice Chest	Refrigerator with indicating thermometer	Grill to 155F Check with Thin Probe Stem Thermometer	Grill/Steam Table	Designated worker only handling raw meats	Gloves/Tongs

* Name & location of off-site facilities used:	
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TEMPORARY FOOD ESTABLISHMENT FLOOR PLAN DIAGRAM

Please show and label all equipment to be used, such as handwash station, cold and hot holding equipment, cooking and reheating equipment, warewashing station, tables, floor/overhead coverage, and storage area.



EQUIPMENT LIST – Identify equipment used in your temporary food establishment. Check all boxes that apply.

<p align="center">HANDWASH STATION (Required for any open food)</p> <input type="checkbox"/> 5 gallon insulated container with continuous flow spigot & 5 gallon catch bucket <input type="checkbox"/> Plumbed hand sink <input type="checkbox"/> Warm water <input type="checkbox"/> Liquid pump hand soap & paper towels	<p align="center">COOKING/REHEATING EQUIPMENT</p> <input type="checkbox"/> Grill/BBQ <input type="checkbox"/> Fryer <input type="checkbox"/> Smoker <input type="checkbox"/> Oven <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<p align="center">COLD/HOT HOLDING EQUIPMENT</p> <input type="checkbox"/> Ice chest Source of Ice _____ <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Grill/BBQ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
<p align="center">TEMPERATURE MONITORING</p> <input type="checkbox"/> Thin-probe stem thermometer(s) <input type="checkbox"/> Indicating thermometer(s) <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<p align="center">SANITIZATION</p> <input type="checkbox"/> 3 compartment sink <input type="checkbox"/> 3 portable tubs <input type="checkbox"/> Bucket & wiping cloths <input type="checkbox"/> Bleach & test strips <input type="checkbox"/> Other _____	<p align="center">FOOD & EQUIPMENT PROTECTION</p> <input type="checkbox"/> Canopy/tent <input type="checkbox"/> Tarp <input type="checkbox"/> Shelving/pallets <input type="checkbox"/> Sneeze guard <input type="checkbox"/> Foil/plastic wrap <input type="checkbox"/> Other _____
<p align="center">FOOD HANDLER HYGIENE</p> <input type="checkbox"/> Clean shirt/apron <input type="checkbox"/> Hair restraint/baseball cap <input type="checkbox"/> Disposable gloves <input type="checkbox"/> Serving tongs <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<p align="center">WASTE DISPOSAL</p> <input type="checkbox"/> Trash receptacles <input type="checkbox"/> Wastewater receptacles <input type="checkbox"/> Grease receptacles <input type="checkbox"/> Other _____ <p align="center">*****Wastewater & Grease must be properly disposed of. Disposing onto the surface of the ground and/or the storm drain are NOT acceptable.*****</p>	<p align="center">OTHER</p> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

STATEMENT: I hereby certify that all information provided is correct, and I fully understand that any deviation from the information provided without prior approval from the Monmouth County Regional Health Commission may nullify final approval. I further agree to comply with all temporary retail food establishment requirements.

_____ **Applicant/Owner Signature** _____ **Date**

For Office Use Only		
<input type="checkbox"/> APPROVED	Date:	Inspector:
	Restrictions: _____ _____	
<input type="checkbox"/> NOT APPROVED	Date:	Inspector:
	Reason(s): _____ _____	

IMPORTANT INFORMATION FOR TEMPORARY FOOD ESTABLISHMENT VENDORS

Please read the following important information before submitting your application:

1. The ***TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION*** must be completed and submitted to the Monmouth County Regional Health Commission at least 14 days prior to the event.
2. The ***TEMPORARY FOOD ESTABLISHMENT FLOOR PLAN DIAGRAM*** must be completed.
3. Vendors with multiple locations at the same event will need to submit an application for each location.
4. A fee of \$100 per vendor/event for special events lasting one week in duration or less must be submitted to the **municipality** in which the event is to take place. (Monmouth County Regional Health Commission #1 Ordinance 15-01, Section 5.1b)

Please submit completed application(s) for review to:

Monmouth County Regional Health Commission #1
1540 West Park Avenue
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Ocean, NJ 07712
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