



# Jersey Shore Regional Health Commission

628 Shrewsbury Avenue

Tinton Falls, NJ 07701

PHONE:(732) 493-9520 • FAX (732) 493-9521 • www.JSRHC.org



## Temporary Food Event – Coordinator’s Application

APPLICATION SUBMISSION DATE: \_\_\_\_\_

**Note:** Application **MUST** be submitted at least 30 days prior to event

### EVENT INFORMATION

NAME OF EVENT: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, Municipality)

DATE(S) AND TIME(S) OF EVENT: \_\_\_\_\_

DATE & TIME FOOD SERVICE OPERATIONS WILL BE SET UP: \_\_\_\_\_

EXPECTED NUMBER OF PATRONS: \_\_\_\_\_

EXPECTED PEAK DAY(S) – If event longer than one day: \_\_\_\_\_

### EVENT COORDINATOR(S)

**\*\* Attach additional sheets as necessary \*\***

ORGANIZATION: \_\_\_\_\_

PRIMARY CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SECONDARY CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TERTIARY CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### ON-SITE COORDINATOR(S) AND HOW CAN BE CONTACTED DURING ENTIRE EVENT

**\*\* Attach additional sheets as necessary \*\***

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

TEMPORARY FOOD EVENT COORDINATOR'S APPLICATION

**FOOD VENDOR INFORMATION**

ANTICIPATED NUMBER OF FOOD VENDORS: \_\_\_\_\_

**PLEASE LIST ALL FOOD VENDORS FOR THE EVENT**

**\*\*\*NOTE: Each vendor MUST submit Permit Application\*\*\***

**\*\*Attach additional sheets as necessary\*\***

NAME	ADDRESS	PHONE
1.		
2.		
3.		
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## TEMPORARY FOOD EVENT COORDINATOR'S APPLICATION

### SERVICES PROVIDED ON-SITE TO VENDORS - Check all that apply and provide detail if necessary -

<b>Water Supply</b>	<input type="checkbox"/> Potable water taps will be provided on site. Water source is <input type="checkbox"/> Public or <input type="checkbox"/> Well. <input type="checkbox"/> Vendors must bring their own water supply. NOTE: If a non-public water supply is to be used, the results of the most recent water test must be submitted.
<b>Wastewater</b>	<input type="checkbox"/> Liquid waste collection tanks/receptacles will be provided on site. <input type="checkbox"/> Vendors must arrange for their own wastewater disposal.
<b>Electricity</b>	<input type="checkbox"/> No electricity will be supplied on site. <input type="checkbox"/> Access to electricity will be provided on site. <input type="checkbox"/> Generators will be provided for vendor use. <input type="checkbox"/> Vendors are allowed to use generators on site.
<b>Trash/Refuse</b>	<input type="checkbox"/> Trash receptacles will be provided throughout the event for the public. <input type="checkbox"/> Dumpsters will be provided on site for vendor and public trash removal. How often will receptacles/dumpsters be serviced? _____
<b>Grease Disposal</b>	<input type="checkbox"/> Grease disposal receptacles will be provided throughout the event for vendor use. <input type="checkbox"/> Vendors must arrange for their own grease disposal. NOTE: Grease must not be disposed of on the ground or down storm sewers or sinks.
<b>Toilet Facilities</b>	<input type="checkbox"/> Public restrooms with toilets will be available. How many? _____ <input type="checkbox"/> Portable toilets will be provided. How many? _____
<b>Handwashing Facilities</b>	<input type="checkbox"/> Public restrooms with handwashing sinks will be available. How many? _____ <input type="checkbox"/> Portable handwashing stations will be provided. How many? _____ How often will they be serviced, and by whom? _____
<b>Other Services</b>	<input type="checkbox"/> Refrigerated truck(s) <input type="checkbox"/> Commissary kitchen (attach a list of available equipment in kitchen.) <input type="checkbox"/> Ice <input type="checkbox"/> Other (describe) _____

**WILL THERE BE A PETTING ZOO OR OTHER ANIMAL ATTRACTION(S) AT THE EVENT?**  No  Yes

If YES, please provide the name and contact info for each exhibitor, as well as the type of animals to be shown. Attach additional sheets as necessary.

**NOTE:** be advised that the New Jersey Department of Agriculture has specific recommendations and regulations concerning the exhibition of animals which must be adhered to.

It is MANDATORY that handwashing facilities, including running water, soap and paper towels, as well as alcohol-based hand sanitizers be provided for use prior to and after contact with animals.

### ANIMAL EXHIBITOR INFORMATION

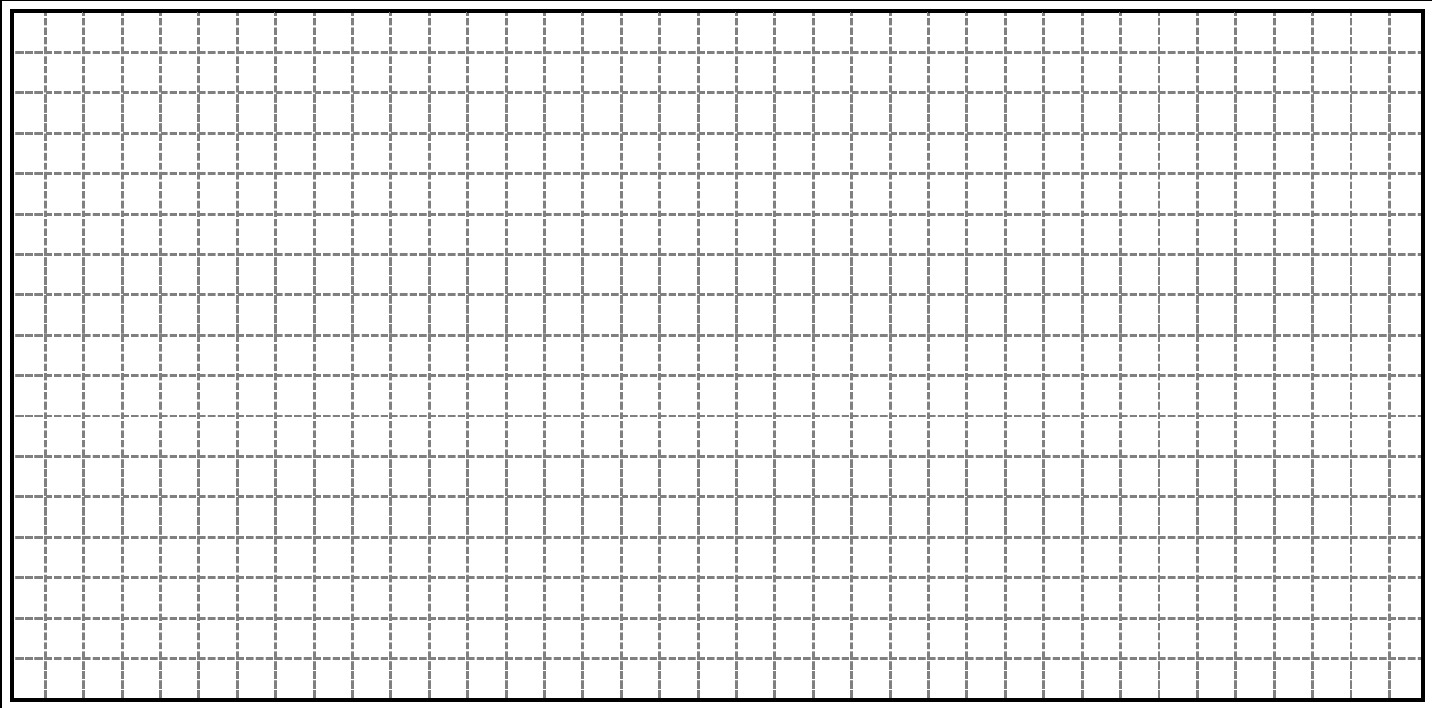
NAME	ADDRESS	PHONE	ANIMALS

TEMPORARY FOOD EVENT COORDINATOR'S APPLICATION

TEMPORARY EVENT SITE MAP

PROVIDE A LABELED MAP OF THE ENTIRE TEMPORARY EVENT AREA, AND INCLUDE THE FOLLOWING, AS APPLICABLE:

- Toilet facilities (portable & fixed)
- Hand washing facilities
- Trash containers/dumpsters
- Electrical hook-up points/generator locations
- Potable water taps for vendors
- All food prep & service areas on event grounds
- Food vendor booths
- Refrigerated trucks
- Commissary kitchen
- Petting zoo/animal exhibits



**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 Jersey Shore Regional Health Commission may nullify final approval.

\_\_\_\_\_  
Applicant / Owner Signature

\_\_\_\_\_  
Date

Office Use Only

APPROVED

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Inspector: \_\_\_\_\_

Restriction(s): \_\_\_\_\_  
\_\_\_\_\_

NOT APPROVED

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Inspector: \_\_\_\_\_

Reason(s): \_\_\_\_\_  
\_\_\_\_\_

## IMPORTANT INFORMATION FOR TEMPORARY FOOD EVENT COORDINATORS

Please read the following important information before organizing your event:

1. The **TEMPORARY FOOD EVENT COORDINATOR'S APPLICATION** must be submitted to the Jersey Shore Regional Health Commission at least 30 days prior to the event.
2. A **TEMPORARY FOOD ESTABLISHMENT APPLICATION** must be completed by **EVERY** vendor that will serve food or beverages at the event. Please be sure that every food/beverage vendor is supplied with a **TEMPORARY FOOD ESTABLISHMENT APPLICATION**. Each vendor completed application must be submitted to the Jersey Shore Regional Health Commission at least 14 days prior to the event.
3. The coordinator must provide a sketch or map of the event site displaying food/beverage vendor locations and corresponding vendor names. Vendors with multiple locations at the same event will need to submit an application for each location.
4. Please be sure to include locations of all other applicable facilities, service areas, petting zoo exhibit areas, etc. on the event site map.

Please submit completed application(s) for review to:

Jersey Shore Regional Health Commission  
628 Shrewsbury Avenue  
Tinton Falls, NJ 07701