



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 Establishment Permit Application

APPLICATION SUBMISSION DATE: _____

**Note: Application MUST be submitted at least 14 days prior to event*

EVENT INFORMATION

NAME OF EVENT: _____

Address: _____
(Street, Municipality)

DATE(S) AND TIME(S) OF EVENT: _____

Vendor Information

TRADE NAME: _____

OWNER: _____

MAILING ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

CELL PHONE #: _____ EMAIL: _____

DAY OF EVENT CONTACT PERSON: _____

CELL PHONE #: _____ EMAIL: _____

DATE & TIME WILL BE SET UP/READY FOR INSPECTION: _____

NOTE: All vendors planning to prepare and serve at least three or more potentially hazardous food items **MUST** provide proof of current certification in food protection from an NJDOH 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 applicable to your operation, you must provide a copy of your certification and complete the following:

FOOD SAFETY MANAGER'S NAME: _____

CERTIFYING AGENCY: _____

CERTIFICATION NUMBER: _____ DATE CERTIFIED: _____

Do you currently hold a Retail Food Establishment License within the Municipality the event is occurring at?

NO YES (Provide a copy of the license and a copy of your establishment's "Satisfactory" Placard)

Do you currently hold a Retail Food Establishment License within any other Municipality?

NO YES (Provide a copy of the license and a copy of your establishment's "Satisfactory" Placard)

MENU & FOOD PREPARATION

Please list the food and beverage items 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 unless licensed by NJDOH under cottage food regulations to provide that specific food item. Offsite facilities must be licensed and inspected regularly.

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

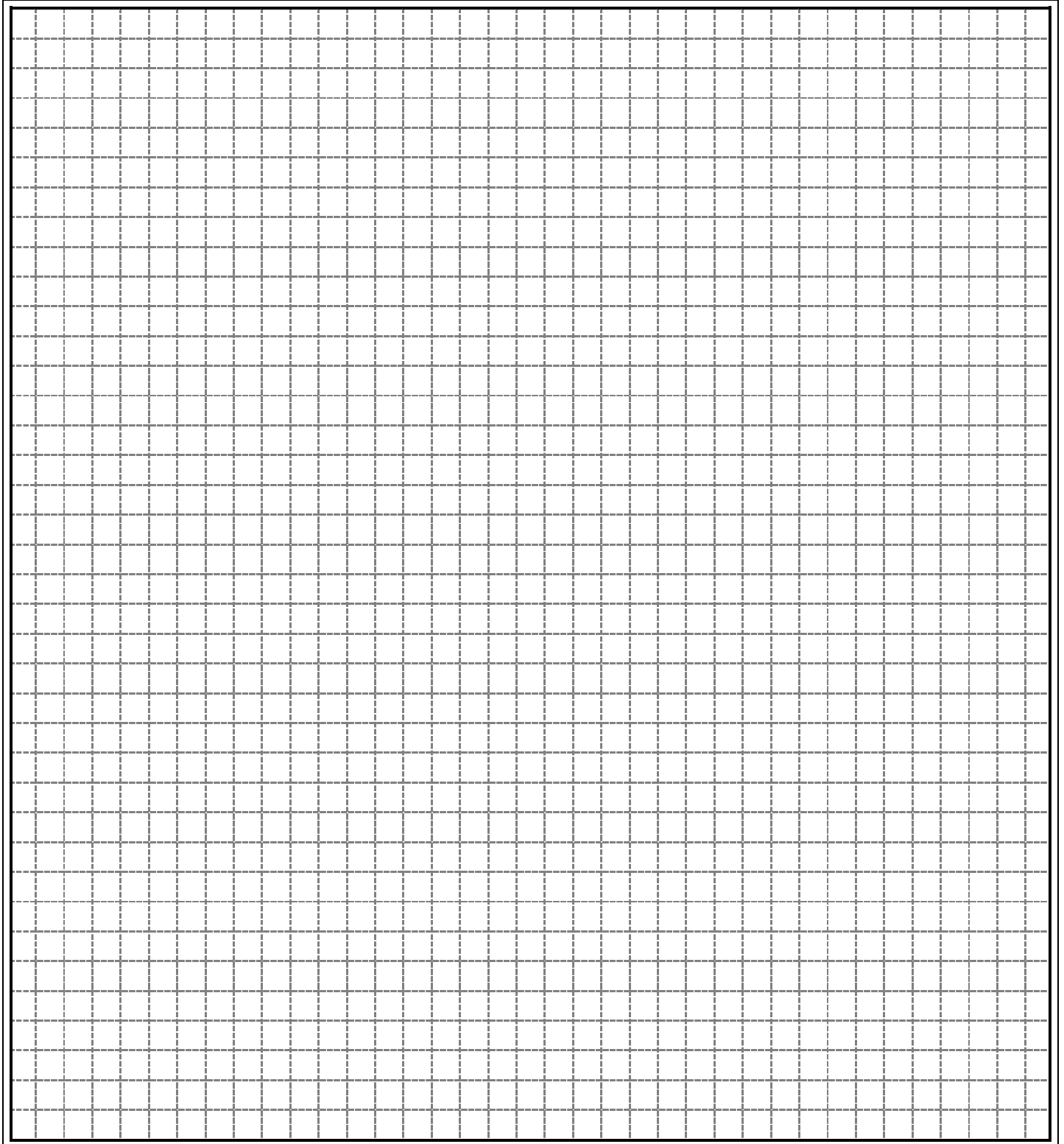
*****THERMOMETERS REQUIRED TO MONITOR FOOD COOKING AND HOT/COLD HOLDING TEMPERATURES*****

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 offsite facilities used for food prep and/or storage: _____

TEMPORARY FOOD ESTABLISHMENT FLOOR PLAN DIAGRAM

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



Equipment List

Identify Equipment used in your Temporary Food Establishment. Check all boxes that apply

<p style="text-align: center;">Hand Wash 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 Wash Sink <input type="checkbox"/> Warm Water <input type="checkbox"/> Liquid-Pump Hand Soad, Paper Towels	<p style="text-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 _____	<p style="text-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 _____
<p style="text-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 style="text-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 style="text-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 style="text-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 style="text-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>**Wastewater & Grease must be properly disposed of. Disposing onto the surface of the ground and/or storm drain may result in legal action being taken</p>	<p style="text-align: center;">Other</p> <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 Jersey Shore Regional Health Commission may nullify the final approval. I further agree to comply with all temporary retail food establishment requirements.

_____ _____
 Applicant / Owner Signature Date

Office Use Only		
<input type="checkbox"/> APPROVED	Date: ____ / ____ / ____	Inspector: _____
	Restriction(s): _____	

<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 Jersey Shore 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 \$50.00 per vendor/event for special events lasting one week in duration or less must be submitted to Jersey Shore Regional Health Commission (Ordinance 22-01, Section 2-3.1b)
5. Additionally, the Municipality where your event is being held MAY also charge a separate fee, please check directly with that municipality to be sure you have met their requirements.

Please submit JSRHC's event vendor fee, along with completed application(s) for review to:

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