

WARREN COUNTY HEALTH DEPARTMENT

700 Oxford Ave.
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CLAUDE W. MITCHELL, MPH
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TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

Directions:

The operator of each Temporary Food Establishment (TFE) site must complete this application. The application must be completed and submitted to the WCHD at least 14 days before an event involving 5 or fewer food booths, and 30 days prior to an event involving more than 5 food booths.

Using the attached sheets, each operator must provide:

- A sketch of their temporary food establishment
- A sketch of the entire event area depicting their TFE site in relation to the potable water supply, electrical sources, the waste water disposal area, lavatories, etc. as well as all food preparation and service areas at the event (Note: If there is an "Event Coordinator," the coordinator rather than the vendor may provide this sketch.)

Application Submission Date: _____

Name of Temporary Food Establishment: _____

Name of Operator/Owner: _____

Mailing Address: _____

Telephone Number: _____

Name of Event _____

Location of Event _____ Municipality _____

Date(s) and Time(s) of Event: _____

Date and Time TFE will be set up and ready to operate: _____

List **all** food and beverage items to be prepared and served. Attach a separate sheet if necessary. (Note: any changes to the menu must be submitted to and approved by WCHD at least 7 days prior to the event.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Will all foods be prepared at the TFE site?

Yes – Complete **Attachment A**

No – Complete **Attachments A & B**

If No, the operator must provide the name and location of the permanent food establishment. If the establishment is not in Warren County, a copy of the current license for the permanent food establishment must be submitted.

Describe (be specific) how frozen, cold, and hot foods will be transported to the TFE:

How will food temperatures be monitored during the event? _____

Identify the sources for each meat, poultry, seafood, and shellfish item. Include source of ice:

Using **Attachment C**, record the names, phone numbers, shifts to be worked during the event and the assigned duties of all TFE workers (paid and volunteer).

Describe the number, location and set up of hand washing facilities to be used by the TFE workers: _____

Identify the source of the potable water supply and describe how water will be stored and distributed at the temporary food event. If a non-public water supply is to be used, provide a copy of the most recent water test results. _____

Describe where utensil washing will take place. If no facilities are available on site, describe the location of back-up utensil storage: _____

Describe how and where wastewater from hand washing and utensil washing will be collected, stored and disposed: _____

If portable toilets are to be used, identify the frequency of waste removal: _____

Describe the number, location and types of garbage disposal containers at the TFE as well as at the event site: _____

Describe the floors, walls and ceiling surfaces, and lighting within the TFE: _____

Describe how electricity will be provided to the TFE: _____

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Warren County Health Department may nullify final approval.

Signature(s) _____

Date: _____

Approval of these plans and specifications by Warren County Health Department does **not** indicate compliance with any other code, law or regulation that may be required (i.e., federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment).

Warren County Health Department Use Only

APPROVED – Permit Restrictions: _____

DISAPPROVED – Reasons(s) for Disapproval: _____

Reviewed by: _____

(Name and Title)

Signature _____ Date _____

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TEMPORARY FOOD ESTABLISHMENT SKETCH

In the following space, provide a drawing of the Temporary Food Establishment. Identify and describe all equipment including cooking and cold holding equipment, hand washing facilities, work tables, dish washing facilities, food and single service storage, garbage containers, and customer service areas.

EMPLOYEE LOG (Attachment C)

Name	Date	Assignment	Time In	Time Out