

Borough of Chatham

BOROUGH HALL 54 FAIRMOUNT AVENUE CHATHAM, NEW JERSEY 07928

Tel: 973-635-0674 • ChathamBorough.org

Return Application & Fee to: CHATHAM BOROUGH CLERK'S OFFICE

TEMPORARY FOOD VENDOR LICENSE APPLICATION

APPLICATION MUST BE RECEIVED SEVEN (7) BUSINESS DAYS PRIOR TO THE EVENT FOR REVIEW & PROCESSING

TE	MPORARY FOOD VENDOR TYPE (Check One)								
	☐ Farmer's Market - \$60.00									
	☐ Single event (up to 24 hour per	riod) - \$40.00								
	A Temporary Food License is req	A Temporary Food License is required for each stand/truck participating in a temporary event.								
	It is the responsibility of each bus follow up accordingly.	siness owner to be aware of the licensing requirements and to								
NA]	ME OF EVENT:									
	Event location:	Event Date(s) & Time:								
BUS	SINESS NAME									
API	PLICANT INFORMATION									
	Applicant Name:									
	Address:									
	Primary Telephone #	Secondary Telephone #	_							
	Business Owner's Name									
	Business Address:									
	Email Address:									
	Primary Telephone #	Secondary Telephone #	_							
Ю	W MANY FOOD TRUCKS/STANDS WII	LL YOU BE OPERATING AT THE EVENT?								
FO(ODS WILL BE PREPARED (Check One):	☐ On Site ☐ Commercial location (Specify)								

WILL KEEP COLD FOODS FROZE	EN OR BELOW 41 DEGREES F	FAHRENHEIT BY THE FOLLOWING METHOD:
CURRENT FOOD HANDLER TRAIN WHO ATTENDED A NJ FOOD HANI		IDER STATE LAW LIST NAME OF PERSON[S]
Name:	Date	Attended:
Name:	Date	Attended:
I HAVE A CURRENT BOARD OF HE	EALTH LICENSE IN THE FOL	LOWING NJ TOWN(S):
ARE YOU PARTICIPATING IN ANY PROVIDENCE, MOUNTAINSIDE, RO		WESTFIELD, FANWOOD, GARWOOD, NEW Property States Property Propert
If Yes, please indicate which	ch towns:	
	s done by each municipality it ty where the event is being h	independently. A food vendor license must be eld.
PLEASE ATTACH THE FOLLOWIN	G DOCUMENTS TO YOUR AI	PPLICATION:
☐ Copy of your local Sanit	ary Inspection Report. (Check	x box if attached to application)
☐ Copy of your current Ra	ting Placard. (Check box if atta-	ched to application)
☐ Copy of Food Handlers	Training Certificate(s). (Chec	k box if attached to application)
☐ Commissary Agreement	if you are utilizing a comme	ercial kitchen. (Check box if attached to application)
NON-REFUNDABLE AND IS GRA	ANTED FOR THE PERIOD	ENDOR LICENSE IS NON-TRANSFERABLE, DESIGNATED ON THE LICENSE. Furthermouriements of the Board of Health and/or the law
Signature of Applicant	Applicant's Title	Date
OFFICE USE ONLY		
Application Received by:		Date Received: / /
Fee Received \$ Cash		
Reviewed and Approved by:		
Reviewed and Approved by:	Signature of Inspector	

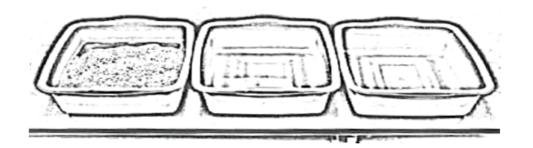
Temporary Hand Washing Station



The temporary hand washing station shall consist of at least a 5-gallon insulated container with spigot that provides a continuous flow of warm (100°F- 120°F) running water, soap, paper towels, reminder sign, and a 5-gallon bucket to collect the dirty water.

Temporary Event Warewashing Station Setup

Wash Rinse Sanitize





Temporary Event Warewashing Station Setup must include three basins as follows:

- A wash basin filled with soapy water;
- (2) A rinse basin filled with clean water;
- (3) A sanitize basin filled with water and a sanitizing agent such as:
 - (a) Chlorine bleach at 50-100 ppm* or
 - (b) A quaternary ammonium compound (QAC) at the concentration designated by the manufacturer; and
- (4) Test strips for testing the concentration of sanitizer.

Note: Each basin must be large enough to accommodate your largest utensil.

^{*}Approximately ½ teaspoon of bleach per 1 gallon of water

DESCRIPTION OF FOOD AND BEVERAGE ITEMS ON MENU.

No home prepared foods are allowed! Receipts must be available for inspection on site for all food items bought!

List EACH Food and Beverage Item to be Served State Number of Servings	If Food Item is prepared using RAW products, list EACH Raw Ingredient	Where was the RAW ingredient purchased? State the Store Name, Address, and Phone #	Is Food Item PREPARED at the VENDING SITE (V) or the SERVICING AREA (SA)	Is Food Item COOKED at the VENDING SITE (V) or the SERVICING AREA (SA)	HOW is the Food Item COOKED? State type of equipment used and power source	HOW is the Food Item quickly COOLED? State type of equipment used and power source	HOW is the Food Item kept HOT? State type of HOT HOLDING equipment used and power source	If REHEATING the Food Item, State type of REHEATING equipment used and power source	HOW is the Food Item kept COLD? State type of COLD HOLDING equipment used and power source
Chicken tenders 50	Raw chicken	Shop-Rite 123 Main St. Anytown, NJ 555-555-5555	SA	SA	Oven Natural gas	Walk-ín refrígerator Electríc	Not applicable	Not applicable	Refrigerator Electric

List EACH Food and Beverage Item to be Served State Number of Servings	If Food Item is prepared using RAW products, list EACH Raw Ingredient	Where was the RAW ingredient purchased? State the Store Name, Address, and Phone #	Is Food Item PREPARED at the VENDING SITE (V) or the SERVICING AREA (SA)	Is Food Item COOKED at the VENDING SITE (V) or the SERVICING AREA (SA)	HOW is the Food Item COOKED? State type of equipment used and power source	HOW is the Food Item quickly COOLED? State type of equipment used and power source	HOW is the Food Item kept HOT? State type of HOT HOLDING equipment used and power source	If REHEATING the Food Item, State type of REHEATING equipment used and power source	HOW is the Food Item kept COLD? State type of COLD HOLDING equipment used and power source