

Vorough 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

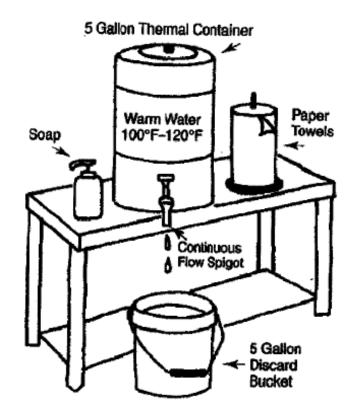
TEMPORARY FOOD VENDOR LICENSE APPLICATION

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

ΓEN	MPORARY FOOD VENDOR TYPE (Che	eck One)							
	☐ Farmer's Market - \$60.00								
	☐ Single event (up to 24-hour period	od) - \$75.00							
	☐ Single event (up to 48-hour period) - \$125.00 A Temporary Food License is required for each stand/truck participating in a temporary event.								
	It is the responsibility of each busine follow up accordingly.	ess owner to be aware of the licensing requirements and to							
NAI	ME OF EVENT:								
	Event location:	Event Date(s) & Time:							
BUS	SINESS NAME								
API	PLICANT INFORMATION								
	• •								
	Address:								
	Email Address:								
		Cocondom: Tolombono #							
	rimary relephone #	Secondary Telephone #							
	Business Owner's Name								
	Business Address:								
	Email Address:								
	Primary Telephone #	Secondary Telephone #							
Ю	W MANY FOOD TRUCKS/STANDS WILL	YOU BE OPERATING AT THE EVENT?							
OO	DDS WILL BE PREPARED (Check One):	☐ On Site ☐ Commercial location (Specify)							

I WILL KEEP HOT FOODS ABOVE	35 DEGREES FAHRENHEIT	BY THE FOLLOWING METHOD:
I WILL KEEP COLD FOODS FROZE	N OR BELOW 41 DEGREES F	AHRENHEIT BY THE FOLLOWING METHOD:
CURRENT FOOD HANDLER TRAIN WHO ATTENDED A NJ FOOD HANI		DER STATE LAW LIST NAME OF PERSON[S]
Name:	Date	Attended:
Name:	Date	Attended:
I HAVE A CURRENT BOARD OF HE	ALTH LICENSE IN THE FOL	LOWING NJ TOWN(S):
ARE YOU PARTICIPATING IN ANY PROVIDENCE, MOUNTAINSIDE, RO		WESTFIELD, FANWOOD, GARWOOD, NEW ☐ Yes ☐ No
If Yes, please indicate which	h towns:	
	done by each municipality i	ndependently. A food vendor license must be eld.
PLEASE ATTACH THE FOLLOWING	G DOCUMENTS TO YOUR A	PPLICATION:
☐ Copy of your local Sanita	ary Inspection Report. (Check	box if attached to application)
☐ Copy of your current Rat	ting Placard. (Check box if attack	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)
	NTED FOR THE PERIOD	ENDOR LICENSE IS NON-TRANSFERABLE, DESIGNATED ON THE LICENSE. Furthermo
of the State of New Jersey.	ioration of any pertinent requ	mements of the Board of Health and/of the lav
of the State of New Jersey. Signature of Applicant	Applicant's Title	Date
Signature of Applicant		
Signature of Applicant OFFICE USE ONLY	Applicant's Title	Date
Signature of Applicant OFFICE USE ONLY Application Received by:	Applicant's Title	
Signature of Applicant OFFICE USE ONLY Application Received by: Fee Received \$ □ Cash	Applicant's Title Check #	Date Date Date Date Received://
of the State of New Jersey. Signature of Applicant OFFICE USE ONLY Application Received by: Fee Received \$ □ Cash Reviewed and Approved by:	Applicant's Title Check #	Date Date Date Date Received://

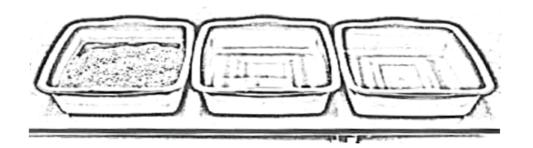
Temporary Hand Washing Station



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 chícken	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

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