



COUNTY OF BERGEN
DEPARTMENT OF HEALTH SERVICES
Office of Little Ferry Board of Health
215-217 Liberty Street
Little Ferry, New Jersey 07643
Phone: 551-341-2830
Email: healthdept@littleferrynj.org

VENDOR APPLICATION FOR TEMPORARY FOOD EVENT

Fee \$75.00/DAY (Non Refundable)

Application is due 14 days before the event, applications received late will receive a \$25 surcharge, for a total of \$100/day

Date of Event _____ Time Frame of Event: _____ to _____

Name of Event: _____

Location of Event _____ Municipality: _____

Email address: _____

Vendor Name: _____

Address: _____

Municipality: _____ State: _____ Zip: _____

Contact Person _____ Phone: _____

Onsite Operator: _____ Phone _____

Menu to be served: _____

Where will food be purchased _____

Where will food be prepared _____

How will food be kept at proper temperatures (during transport, while on site and in storage before the event

If food preparation is in a Motor Vehicle:

License plate: _____ State: _____

How will Bare Hand Contact with Ready To Eat Food be eliminated?

_____ Use of disposable gloves with glove changes between tasks

_____ Use of Utensils – where food will be dispensed using utensils directly to consumer with no handling

_____ Use of Waxed Paper for dispensing of food

_____ Other: _____

Will you have access to running water and/or rest rooms? Yes _____ No: _____

If No, how will you provide an alternative means of hand washing and ware washing?

Hand washing:

Where Washing: _____

What is the name and location of your Commissary Kitchen: (Location where food is stored, equipment is washed and any pre-preparation is performed when not at the event): _____

I have received, read and understand "Requirements for Temporary Food Events." _____

I certify to the best of my knowledge that all facts and data supplied are true and correct. This temporary food establishment will be operated as per requirements of NJAC8:24

Signature: _____ Date: _____

For Office Use Only
Reviewed and Approved by:

Name _____ Date: _____

Fee: _____ Paid By: Cash: Check: Money Order:

Fee Paid Through Promoter or Directly

Promoter:

Directly: