

**TOWNSHIP OF CLINTON
HUNTERDON COUNTY**



BOARD OF HEALTH

APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD CONCESSION

SPECIAL EVENT

DATE OF EVENT: _____

TIME OF EVENT: _____

NAME OF FOOD OPERATION: _____

LOCATION OF FOOD STAND: _____

NAME OF FOOD STAND OWNER: _____

OWNER'S ADDRESS: _____ PHONE #: _____

TIME STAND WILL BE READY FOR INSPECTION: _____

NUMBER OF FOOD STANDS: _____ (NOTE: A \$ 150.00 FEE MADE PAYABLE TO CLINTON TOWNSHIP MUST ACCOMPANY THIS APPLICATION)

WHERE WILL FOOD BE PURCHASED? (NO HOME PREPARED FOODS) _____

WHERE WILL FOOD BE STORED PRIOR TO THE EVENT?

NAME OF ESTABLISHMENT: _____

ADDRESS: _____

INSPECTED BY: _____

HOW WILL YOU KEEP COLD FOOD COLD? (45°F) ON SITE (at sales booth?) (Examples of cold foods are: raw or previously cooked meat, poultry, fish, vegetables, salads, and dairy products).

HOW WILL YOU KEEP HOT FOOD HOT (140°F)? (Examples of hot food are: cooked, ready-to-serve meats, poultry, seafood, tofu, cooked onions, potatoes, beans, falafel, veggy burgers, etc.).

DESCRIBE THE HAND WASHING FACILITIES IN YOUR STAND: _____

LIST ALL FOODS AND BEVERAGES THAT YOU WILL BE SERVING: _____

I agree to abide by the regulations attached to this application per N.J.A.C. 8:24 et. seq.

Applicant's Signature

Date