



**TOWNSHIP OF CLINTON
HUNTERDON COUNTY
BOARD OF HEALTH**

1225 Route 31 South
Lebanon, NJ 08833
Phone: 908-735-8800
Fax: 908-735-8156

**APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD CONCESSION
(Applications must be submitted at least 7 days prior to the event)**

Name of Event: _____ Date(s) / Time of Event: _____

Location/Address of Event: _____ Name of Food Booth: _____

Applicants Name: _____ Applicant Email: _____

Applicant Phone: _____ Mailing Address: _____

Number of Food Booths: _____ Fee: _____ (1-3 day event \$100 - Over 3 day event \$150)

Note: Fee made payable to Clinton Township must accompany this application.

1. Where will food be purchased? (**NO** home prepared foods): _____
2. Where will food be stored **PRIOR** to the event? _____
3. How will you keep cold food cold? (41°F) on site? (Examples of cold foods are: raw or previously cooked meat, poultry, fish, vegetables, salads, and dairy products):

4. How will you keep hot food hot (135°F) on site? (Examples of hot foods are: cooked, ready-to-serve meats, poultry, seafood, tofu, cooked onions and peppers, potatoes, beans, falafel, chili, veggie burgers, etc.)

5. How will you prevent bare hand contact with ready-to-eat foods? _____
6. Describe the hand washing / warewashing facilities at your booth:

7. Describe the method of solid waste disposal and recycling at your booth: _____

8. List all food and beverage items that will be served:

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

APPLICANT'S SIGNATURE

DATE

(OFFICIAL USE ONLY) Approved: Yes ___ NO ___	Check Number ___ Amount ___	Temporary Food License Number: _____
Application sent to County Date: _____	License Mailed Date: _____	