

This form Must be submitted 4 (four) days prior to event. The fee is \$135.00.

**DELAWARE TOWNSHIP**  
[www.DelawareTwpNJ.org](http://www.DelawareTwpNJ.org)  
**P.O. Box 500, Township Hall**  
**Sergeantsville, NJ 08557**  
**(609) 397-3240 x 202**  
**(609) 397-4893 Fax**

**APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD CONCESSION**

NAME OF THE EVENT: \_\_\_\_\_ DATE OF THE EVENT: \_\_\_\_\_

PLACE OF THE EVENT: \_\_\_\_\_ TIME OF EVENT: \_\_\_\_\_

NAME OF EVENT COORDINATOR: \_\_\_\_\_ TEL DAY OF EVENT: \_\_\_\_\_  
**(The above person must be the designated person available on the day of the event to answer question.)**

NAME OF FOOD BOOTH: \_\_\_\_\_

TIME BOOTH WILL BE READY FOR INSPECTION: \_\_\_\_\_

NAME OF FOOD BOOTH OWNER: \_\_\_\_\_ TEL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NUMBER OF FOOD BOOTHS: \_\_\_\_\_ (NOTE: a \$ \_\_\_\_\_ fee made payable to \_\_\_\_\_  
(must accompany this application)

1. WHERE WILL FOOD BE STORED AND/OR PREPARED PRIOR TO THE EVENT? (STORAGE FACILITY MUST BE A LICENSED FACILITY – ITEMS MAY NOT BE STORED IN A PRIVATE HOME. NO FOODS MAY BE PREPARED IN A PRIVATE HOME)

NAME OF ESTABLISHMENT: \_\_\_\_\_ INSPECTED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2. HOW WILL YOU KEEP FOOD COLD? (41 DEGREES F.) ON SITE (at sales booth?)  
(examples: food requiring refrigeration includes raw and previously cooked meats; poultry; fish; vegetables; salads; eggs and dairy products). \_\_\_\_\_

3. HOW WILL YOU KEEP HOT FOOD HOT (135 DEGREES F.) ON SITE (at sales booth?)  
(examples: cooked, ready-to-serve meats; poultry; seafood; tofu; cooked onions and peppers; potatoes; beans; falafel; chili; bar b Que; “veggie burgers”; etc.) \_\_\_\_\_

4. HOW WILL YOU PREVENT BARE HAND CONTACT WITH READY-TO-EAT FOODS?  
\_\_\_\_\_

5. DESCRIBE THE HANDWASHING FACILITIES AT YOUR BOOTH:  
\_\_\_\_\_

6. DESCRIBE THE WAREWASHING FACILITIES IN YOUR BOOTH:  
\_\_\_\_\_

7. LIST ALL FOOD AND BEVERAGE ITEMS THAT WILL BE SERVED:

_____	_____
_____	_____
_____	_____
_____	_____

8. I agree to abide by the regulations as per N.J.A.C. 8:24 et. Seq.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

(OFFICIAL USE ONLY) APPROVED YES _____ NO _____	Payment Received _____	Temporary Food License Number: _____
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