

**WARREN COUNTY HEALTH DEPARTMENT**

700 Oxford Rd.  
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**TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION**

Directions: The operator of each Temporary Food Establishment (TFE) site must complete this application. The application must be completed and submitted to the WCHD at least 14 days before an event involving 5 or fewer food booths, and 30 days prior to an event involving more than 5 food booths.

Using the attached sheets, each operator must provide:

- A sketch of their temporary food establishment
- A sketch of the entire event area depicting their TFE site in relation to the potable water supply, electrical sources, the waste water disposal area, lavatories, etc. as well as all food preparation and service areas at the event (Note: If there is an "Event Coordinator," the coordinator rather than the vendor may provide this sketch.)

Name of Event \_\_\_\_\_

Location of Event \_\_\_\_\_ Municipality \_\_\_\_\_

Date(s) and Time(s) of Event: \_\_\_\_\_

Name of Temporary Food Establishment: \_\_\_\_\_

Name of Operator/Owner: \_\_\_\_\_

Contact Person for TFE: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

(Your approval may be faxed or e-mailed to you if time is an issue. Please indicate your preference by circling.)

Date and Time TFE will be set up and ready to operate: \_\_\_\_\_

**Warren County Health Department Use Only**

APPROVED – Permit Restrictions \_\_\_\_\_

DISAPPROVED – Reasons(s) for Disapproval: \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
(Name and Title)

Signature \_\_\_\_\_ Date \_\_\_\_\_

List **all** food and beverage items to be prepared and served. Attach a separate sheet if necessary. (Note: any changes to the menu must be submitted to and approved by WCHD at least 7 days prior to the event.)

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Will all foods be prepared at the TFE site?

Yes – Complete **Attachment A**

No – Complete **Attachments A & B**

If No, the operator must provide the name and location of the permanent food establishment. If the establishment is not in Warren County, a copy of the current license for the permanent food establishment must be submitted.

Describe (be specific) how frozen, cold, and hot foods will be transported to the TFE:

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How will food temperatures be monitored during the event? \_\_\_\_\_

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Identify the sources for each meat, poultry, seafood, shellfish item and ice:

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Adequate Personnel: Using **Attachment C**, record the names, phone numbers, shifts to be worked during the event and the assigned duties of all TFE workers (paid and volunteer). This is needed to determine if enough personnel are available to handle all of the duties without cross contamination issues.

Hand Washing Facilities: List the items that will be provided for the TFE workers at the hand washing station: \_\_\_\_\_

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Water Source: Identify the source of the potable water supply and describe how water will be stored and distributed at the temporary food event. If a non-public water supply is to be used, provide a copy of the most recent water test results. \_\_\_\_\_

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Equipment/Utensil Washing: Equipment and utensils must be washed, rinsed, and sanitized, or replaced every 4 hours. Describe where utensil washing will take place. If no facilities are available on site, describe the location of back-up utensil storage:

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Wastewater Disposal: Describe how and where wastewater from hand washing and utensil washing will be collected, stored and disposed: \_\_\_\_\_

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If portable toilets are to be used, specify the frequency of waste removal: \_\_\_\_\_

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Describe the number, location and types of garbage disposal containers at the TFE as well as at the event site: \_\_\_\_\_

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Describe the floors, walls and ceiling surfaces, and lighting within the TFE: \_\_\_\_\_

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Describe how electricity will be provided to the TFE: \_\_\_\_\_

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Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Warren County Health Department may nullify final approval.

Signature(s) \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Approval of these plans and specifications by Warren County Health Department does **not** indicate compliance with any other code, law or regulation that may be required (i.e., federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment).

## **TEMPORARY FOOD ESTABLISHMENT SKETCH**

In the following space, provide a drawing of the Temporary Food Establishment. Identify and describe all equipment including cooking equipment, hot and cold holding equipment, hand washing facilities, work tables, dish washing facilities, food and single service articles storage, garbage containers, and customer service areas.





**PROPOSED EMPLOYEE / VOLUNTEER LOG (Attachment C)**

Name	Date	Assignment	Time In	Time Out