



DENVILLE DIVISION OF HEALTH  
 1 St. Mary's Place  
 Denville, NJ 07834  
 (973) 625-8300, Ext. 261

**TEMPORARY FOOD  
 ESTABLISHMENT  
 APPLICATION FOR  
 VENDORS**

A complete application packet must be received at least 10 days prior to the event. **Incomplete applications will be returned.** The fee for each vendor is \$20 payable to the Denville Health Department. Payment is accepted via cash, check or money order. License fees are non-refundable.

**Event Name:** \_\_\_\_\_

**Date(s)/Time/Rain Date of Event:** \_\_\_\_\_

**Event Street Address:** \_\_\_\_\_

**Name/Phone # of Event Coordinator:** \_\_\_\_\_

**Vendor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Vendor Mailing Address:** \_\_\_\_\_

**Person in Charge:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Food service begins at** \_\_\_\_\_ **AM/PM & ends at** \_\_\_\_\_ **AM/PM**

**License Plate # of Mobile Truck/Trailer (if applicable):** \_\_\_\_\_

**Commissary Name & Address:** \_\_\_\_\_

NOTE: All food preparation including cooking, reheating, storage, holding and assembly must be done on the premises of the event or at an approved facility. *FOOD PREPARATION/STORAGE IS NOT PERMITTED IN A PRIVATE HOME.*

**Checklist for Temporary Events:**

- Completed temporary food vendor application & payment
- List of all food handlers
- Drawing or picture of layout including all equipment, work tables, food storage and hand washing facilities
- Copy of the commissary health department inspection report (if applicable)
- Commissary Agreement Form (must be submitted if using off-site food preparation/storage and the establishment is not owned by you)
- Copy of a health department inspection report for the mobile truck conducted within the last year which lists the license plate # of the vehicle and matches the license plate # above (if applicable)

NOTE: Any farmer's market participant wishing to participate in a Township temporary food event must have an approved Farmer's Market Vendor application on file.

**For Health Department Use Only**

Health Department Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

REHS/Health Officer Signature: \_\_\_\_\_



**Where will food be stored prior to the event?**

- Approved Kitchen (Satisfactory inspection report for kitchen attached)
- Trailer or mobile truck (Satisfactory inspection report for trailer or truck attached)
- Purchased day of the Event
- Other: \_\_\_\_\_

**How will food be served/dispensed? *SELF SERVICE BY CUSTOMERS IS NOT PERMITTED.***

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**How will food be protected from the public and insects?**

- Sneeze guards
- Wrapped
- Covered
- Other: \_\_\_\_\_

**Describe the manner in which equipment/utensils will be cleaned and sanitized:**

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**Describe the source of water and ice:**

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NOTE: Ice must be from an approved commercial source only and in single service plastic bags filled and sealed at the point of manufacture.

**Describe the hand washing facilities:**

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NOTE: At a minimum, vendors selling unwrapped products/engaging in food preparation must supply a temporary hand wash station consisting of a 5-gallon thermal (insulated) container with a spigot that provides a continuous flow of warm (90-110° F) running water, soap, paper towels and a 5-gallon bucket to collect the dirty water.

**Restroom Facilities:**

- Within 200 Feet
- Same building as the event
- Portable toilets with hand wash stations

**Garbage:**

- Covered garbage receptacles provided by the event coordinator or vendor
- Dumpster located on-site
- Will collect and haul away

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Signature (Person in Charge)/Date

