

# TOWNSHIP OF READINGTON

WHITEHOUSE STATION, NEW JERSEY 08889

MUNICIPAL BUILDING  
509 ROUTE 523  
WHITEHOUSE STATION, NJ 08889  
TEL: (908) 534-4051  
FAX: (908) 534-5909  
RICHARD J. SHEOLA  
TOWNSHIP ADMINISTRATOR/QPA



BOARD OF HEALTH  
TEL: (908) 534-4051 x234  
FAX: (908) 534-0038  
DANIELLE MONAGHAN, CMR  
BOARD OF HEALTH SECRETARY  
BOH@READINGTONTWP-NJ.ORG

## APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD CONCESSION

**FEE: \$100**

**APPLICATIONS MUST BE RECEIVED 10 DAYS BEFORE THE EVENT**

### **EVENT INFORMATION:**

NAME OF EVENT: \_\_\_\_\_ DATE(S) OF EVENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_ TIME OF EVENT: \_\_\_\_\_

### **EVENT COORDINATOR:**

NAME: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

PHONE NUMBER (DAY OF EVENT): \_\_\_\_\_

EMAIL: \_\_\_\_\_

### **VENDOR INFORMATION:**

NAME OF FOOD BOOTH/TRUCK: \_\_\_\_\_

MAILING ADDRESS FOR LICENSE: \_\_\_\_\_

BOOTH: \_\_\_\_\_ FOOD TRUCK: \_\_\_\_\_

### **CONTACT PERSON (Vendor):**

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE NUMBER (DAY OF EVENT): \_\_\_\_\_

NUMBER OF BOOTHS: \_\_\_\_\_

### **COMMISSARY INFORMATION (BASE OF OPERATIONS):**

NAME: \_\_\_\_\_

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

**COMMISSARY MUST BE A LICENSED AND INSPECTED FACILITY. FOOD ITEMS MAY NOT STORED OR PREPARED IN A PRIVATE HOME UNLESS THE FOOD ITEMS FALL UNDER THE COTTAGE FOOD REGULATIONS AND YOU HAVE A COTTAGE FOOD OPERATOR PERMIT**

**(N.J.A.C. 8:24-11). FOR ALL OTHERS, PROVIDE A COPY OF THE MOST RECENT INSPECTION PLACARD FROM YOUR COMMISARY.**

COMMISSARY INFORMATION PROVIDED: \_\_\_\_\_

IF UNDER THE COTTAGE FOOD REGULATIONS, PROVIDE A COPY OF PERMIT: # \_\_\_\_\_

**LIST OF ALL FOOD AND BEVERAGE ITEMS BEING SOLD:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOW WILL YOU KEEP COLD FOODS COLD (41 DEGREES FARENHEIT OR BELOW):**

\_\_\_\_\_

**HOW WILL YOU KEEP HOT FOODS HOT (135 DEGREES FARENHEIT OR ABOVE):**

\_\_\_\_\_

**HOW WILL YOU PREVENT BARE HAND CONTACT WITH READY TO EAT FOODS:**

\_\_\_\_\_

**DESCRIBE HANDWASHING FACILITIES AT YOUR BOOTH:**

\_\_\_\_\_

**DESCRIBE WAREWASHING FACILITIES AT YOUR BOOTH:**

\_\_\_\_\_

**METHOD OF SOLID WASTE DISPOSAL:**

\_\_\_\_\_

**WATER SOURCE:** \_\_\_\_\_

**ICE SOURCE:** \_\_\_\_\_

**FOOD/BEVERAGE SOURCE:** \_\_\_\_\_

**CLERK'S OFFICE:**

LICENSE NUMBER: \_\_\_\_\_ CHECK # \_\_\_\_\_

BILLABLE \_\_\_\_\_ FEE EXEMPT \_\_\_\_\_

HANDOUT GIVEN (Sanitation Regulations for Temp. Food Concessions): YES: \_\_\_\_\_ NO: \_\_\_\_\_