



SUMMIT HEALTH DEPARTMENT
512 SPRINGFIELD AVENUE
SUMMIT, NJ 07901
PHONE: 908-277-6464

TEMPORARY FOOD EVENT LICENSE PACKET

☐ Temporary 24-Hr (\$75) ☐ Temporary Annual (\$300) ☐ Mobile (\$125) ☐ Farmers Market (\$75)

REQUIREMENTS

- Refer to the New Jersey N.J.A.C. 8:24 "Sanitation in Retail Food Establishment and Food and Beverage Vending Machines."
- All temporary food events require prior approval from the Health Department ten **(10) business days prior to the event date. NO EXCEPTIONS.**
- *If any cooking is to take place and/or tents will be erected, the event may also require Fire Department approval prior to the event. Contact them directly to determine specific requirements.*
- Submit a completed Application for Temporary Food License and applicable fees per license type via mail or in person to: **512 Springfield Ave, Summit N.J. 07901**
 - Business checks, cashier's checks, or cash only.
 - Make checks payable to: City of Summit
- **Payment and application must be received no later than ten (10) business days prior to the event date.**
- If approved, the Temporary Food License will be issued on the day of the event or via mail/email prior to.
- The original license must be posted when operating

NON-PROFIT CHARITABLE ORGANIZATIONS

- A license application is required.
- Non-profit vendors are non-exempt from license fees;
- Submit proof of non-profit status: Federal IRS 501(c)3 is the standard letter.

MOBILE FOOD VENDORS

- Mobile food vendors may operate at events if they hold a temporary food vendor license for the town the event is taking place in. Event coordinator approval may also be required.

REQUIRED SUBMITTALS:

- ☐ Copy of Food Protection Managers Certification (Risk 3) advanced preparation of foods.
- ☐ Copy of Food License, Inspection Report, and Inspection Rating Placard for Commissary, if applicable.
- ☐ Copy of Food License, Inspection Report, and Inspection Rating Placard for Food Vendor Business from the Health Authority.
- ☐ A Menu of items to be sold. **If you have a Cottage Food License, it must be posted with the list of items that you are approved to prepare and sell.**

QUESTIONS: If you have any questions regarding Temporary Events, please contact the appropriate inspector:

Inspector: George Kornias, Senior REHS

Phone: 908-789-4070 Ext. 4047

Email: gkornias@westfieldnj.gov

Establishment Name: ____

Phone # ____

Establishment Address: ____

Name of Person in Charge: ____

Phone # ____

Address: ____

Email: ____

Event Name: ____

Event Location(s)*: ____

Event Organizer: ____

Phone: ____

Event Date(s): ____

Event Hours: ____



MENU (List all food items, including toppings and beverages)

***If food is prepared off-site, indicate location food will be prepared:**

****Indicate food suppliers (if applicable). Receipts or Invoices for all food items that you buy must be available on the day of the event:**

APPROVED SOURCES (8:24-3.2)

Food must be obtained from a source which is in compliance with applicable State and local laws and regulations. Foods stored, handled or prepared at home are prohibited from being used or offered for sale at a Temporary Food Event. All foods must be prepared in a licensed food facility.

Exceptions:

- *Non-potentially hazardous home prepared foods licensed with a Cottage License.*
- *Non-profit charitable organizations, who have submitted proper Federal IRS 501(c)3 documentation, are licensed to sell non-potentially hazardous baked goods, provided the following verbiage is posted at the point of display:*

"THESE ITEMS WERE PREPARED IN A KITCHEN THAT IS NOT SUBJECT TO LICENSING OR INSPECTION BY THE LOCAL HEALTH AUTHORITY"



SUMMIT HEALTH DEPARTMENT
512 SPRINGFIELD AVENUE
SUMMIT, NJ 07901
PHONE: 908-277-6464

COLD & HOT HOLDING:

Describe how food will be maintained, at 41° F or below and 135° F or above at all times, during >

Transportation to the Event: __

Preparation: __

Display: __

Hot & Cold Unit Storage: __

****ALL LEFTOVER PREPARED FOODS MUST BE DISCARDED****

IDENTIFY EQUIPMENT USED IN THE TEMPORARY FOOD FACILITY:

Required hand wash station for all open foods

- ☐ 5-gallon insulated container with free flow spigot and catch bucket, liquid hand soap, and paper towels
☐ Hand sink with warm running water, liquid hand soap, paper towels, and waste container
☐ Hand sanitizer (allowed for pre-packaged food vendors only!)

Sanitation if preparing foods

- ☐ 3-Compartment sink with hot and cold running water **OR** ☐ 3 large pans with potable water

-----AND-----

- ☐ Bucket with sanitizer and wiping cloth **OR** ☐ Spray bottle with sanitizer

General Equipment

- ☐ Thermometers in each cold-holding unit
☐ Thin-probe thermometer to test prepared food temperature
☐ Disposable gloves
☐ Waste containers
☐ Sanitizer
☐ Sanitizer test kit

Cold Holding Equipment

- ☐ Ice chest with ice packs
☐ Ice chest with drained ice
☐ Refrigerator
☐ Refrigerated truck
☐ Freezer
☐ Freezer truck
☐ Dry ice

Hot Holding Equipment

- ☐ Oven / Stove
☐ Barbecue grill / Charcoal
☐ Gas grill
☐ Deep fryer
☐ Smoker
☐ Steam table
☐ Wood fire
☐ Other: __

Power Source

- ☐ Electric ☐ Generator ☐ Propane

****The use of a gasoline generator, propane tanks or any combustible material will also require a License with the Fire Prevention Bureau**



SUMMIT HEALTH DEPARTMENT
512 SPRINGFIELD AVENUE
SUMMIT, NJ 07901
PHONE: 908-277-6464

UTENSIL WASHING FACILITIES (*NOT a hand washing station*)

Where will you food prep utensils be cleaned and sanitized?

Describe: ____

TEMPERATURE CONTROL

How will you provide temperature control on location?

a) Cold-holding devices (i.e. refrigerator, freezer, ice chest) must be capable of holding food 41° F or below.

Describe: ____

b) Cooking temperatures must be 145° F for fish, meat & pork, 155° F for ground meat and 165° F for poultry and stuffed meat. **A proper thermometer is required (thin probe for thin foods)**

c) Rapid reheating/cooking devices (i.e. oven, grill, microwave) must be capable of reheating food to 165° F within 2 hours. Steam tables, heat lamps, sternos and crock-pots are not designed as rapid reheating units.

Describe: ____

d) Hot-holding devices (i.e. steam table, heat lamp) must be capable of holding food above 135° F.

Describe: ____

e) How will you provide temperature control during transport to the event?

Describe: ____

HAND WASHING FACILITIES (*NOT for utensil washing*)

Each operator must have their own hand washing station. Examples are provided at the end of this packet.

Describe your hand washing facilities: ____

The following must comply with local/state regulations:

- Garbage storage/removal
- Potable water obtained from approved source
- Proper disposal of wastewater

Print Name: _____

Signature: _____

Date of Submission: _____

*****TO BE COMPLETED BY HEALTH DEPARTMENT ONLY*****

Application approved: ☐ Yes ☐ No, _____

REHS Signature: _____

Date: _____



SUMMIT HEALTH DEPARTMENT
512 SPRINGFIELD AVENUE
SUMMIT, NJ 07901
PHONE: 908-277-6464

APPROVED SOURCES (8:24-3.2)

Food regulators must be obtained from a source, which is in compliance with applicable State and local laws and regulations. ***Foods stored, handled, or prepared at home are prohibited from being used or offered for sale at a Temporary Food Event. All foods must be prepared in a licensed food facility.***

FOOD PREPARATION AT COMMUNITY EVENTS (8:24-3.3)

- All food preparation must be conducted within the temporary food facility or other approved facility.
- BBQ grills or other equipment approved for outdoor cooking may be located adjacent to the TFF and must be separated from public access by using ropes or other methods suitable to protect food from contamination and the public from injury.
- Contact the fire and building departments for other restrictions/requirements on types of equipment allowed.

FOOD HANDLING

- Barehand contact must be eliminated at all times when handling ready-to-eat foods. Gloves, tongs, and deli tissue are acceptable barriers.
- Eating, drinking, and cell phone use within a food preparation area is not allowed. A food handler may drink from a closed beverage container if the container has a lid and straw to prevent contamination of the employee's hands, the container, open food and food contact surfaces.
- Smoking is prohibited.

HOLDING TEMPERATURES FOR POTENTIALLY HAZARDOUS FOODS (8:24-3.4)

Potentially Hazardous Foods (PHF) consist of animal products containing milk products, eggs, meat, poultry, fish or shellfish, cooked vegetables, soups, salads (macaroni, potato, egg, tuna, chicken, etc.), cut melon, cream pies, etc.

- Cold foods must be kept at 41° F or less.
- Hot foods must be kept at 135° F or above.

ICE (8:24-3.3)

- Ice used for cold holding purposes cannot be used for consumption in food or beverages.

CONDIMENTS

Condiment containers (ketchup, mustard, onions, relish) shall be a pump type, squeeze container, or have covers/lids to protect contents. Single service packets are recommended.

STORAGE and DISPLAY OF FOOD, UTENSILS and RELATED ITEMS (8:24-3.3)

- Store all foods and utensils at least 6-inches off the ground.
- When on display, food must be protected from contamination, exposure to the elements, rodents, and other vermin.

CONSUMER UTENSILS (8:24-3.30)

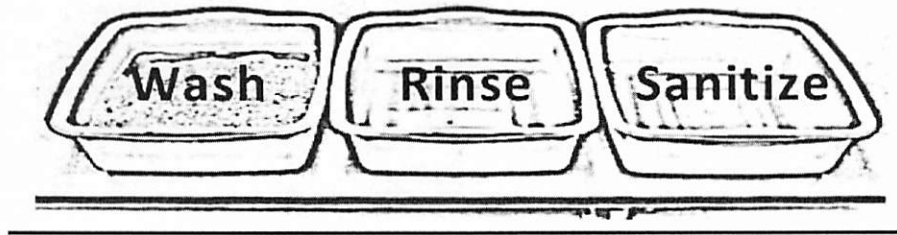
- Provide only single-use utensils for customer use.



SUMMIT HEALTH DEPARTMENT
512 SPRINGFIELD AVENUE
SUMMIT, NJ 07901
PHONE: 908-277-6464

WAREWASHING FACILITIES (8:24-4.7)

TFF's that prepare open foods must have available a method for sanitizing and drain boards for storing clean equipment and utensils.



A *three-compartment wash station* is composed of the following:

- 1) A wash basin filled with **soapy water** for washing,
- 2) A rinse basin filled with **clean water for rinsing**, and
- 3) A sanitize basin filled with **clean water** and a **sanitizing agent** such as:
 - **Unscented chlorine bleach** at 50-100 ppm*
 - OR
 - A **quaternary ammonium compound (QAC)** at the concentration designated by the manufacturer; and
- 4) **Test strips** for testing the concentration of sanitizer.

*Approximately 1 tablespoon of bleach per 1 gallon of water



Note: Each basin must be **CLEAN** and **LARGE ENOUGH** to accommodate your biggest piece of food equipment. (There should be *no* food particles floating in the sanitizer basin.)

Note: Additional facilities, such as a sink with running water, may be required when there is extensive food preparation or where water, power, and sewer connections are available.



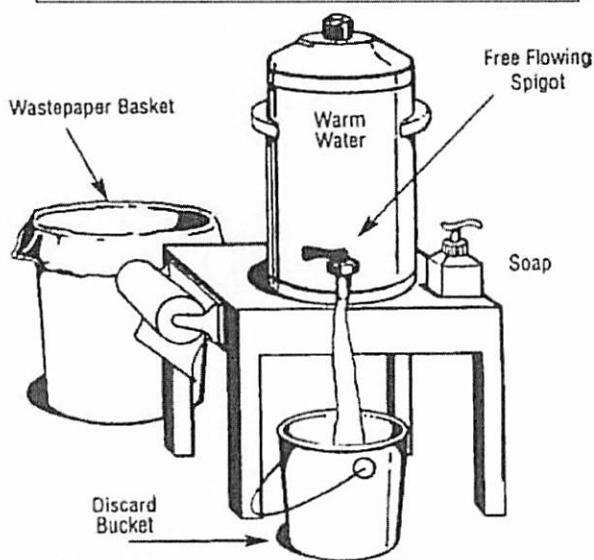
SUMMIT HEALTH DEPARTMENT
512 SPRINGFIELD AVENUE
SUMMIT, NJ 07901
PHONE: 908-277-6464

ALTERNATE HANDWASHING FACILITIES

Handwashing facilities must be provided at each temporary food vendor station and stocked with the following:

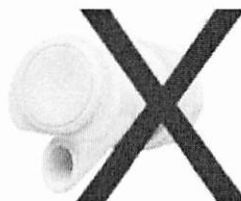
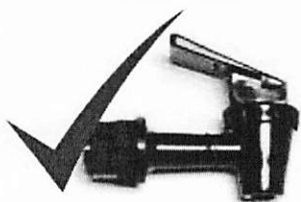
- A minimum five (5) gallon insulated container capable of providing a continuous stream of warm water that leaves both hands free to allow vigorous rubbing with soap and warm water for 20 seconds.
- Provide a catch basin to collect wastewater, and properly dispose of all wastewater.
- Provide soap and single-use paper towels.
- Provide a trash can for towel waste.

Temporary Hand Washing Station



Approved Spout

No Push Button Spout



A temporary hand washing station shall consist of at least a 5-gallon insulated container with spigot that provides continuous flow of warm running water, soap, paper towels, a handwash sign, and a 5-gallon bucket to collect the waste water.



SUMMIT HEALTH DEPARTMENT
512 SPRINGFIELD AVENUE
SUMMIT, NJ 07901
PHONE: 908-277-6464

Food Area Layout:

Provide a sketch of the service operation in the space provided below. Include all relative items such as equipment, cooking area, handwash facilities, ware-washing and sanitizing area, storage, etc. Label all equipment as shown in the example below. All vendors **MUST** provide a sketch.

The diagram shows a rectangular food service area with various equipment and storage areas labeled. The labels include: Trash, Refrigerated food storage, Prep table, Storage pallet 6" Off the ground, Charcoal Grill, W, R, S (likely for Ware, Rinse, Sanitize), Three pans for sanitizing on table, Counter, plastic dome over unwrapped pastries, Canopy over booth, and Hand wash station (Insulated container, soap, paper towels & catch bucket).

Note: NO LICENSE SHALL BE TRANSFERABLE. LICENSES MAY BE SUSPENDED OR REVOKED BY THE HEALTH DEPARTMENT UPON VIOLATION OF PURPOSES, INTENT AND/OR PROVISIONS OF CHAPTER 24 OF THE STATE SANITARY CODE, THE SOLID WASTE CODE, OTHER ORDINANCES OF THE HEALTH DEPARTMENT, OTHER ORDINANCES OF THE MUNICIPALITY AND/OR STATUTORY LAWS OF THE STATE OF NEW JERSEY RELATING TO THE CONDUCT OF SUCH BUSINESS.

BY CONSIDERATION OF SUCH LICENSE, I HEREBY AGREE TO THE CONDUCT OF SAID PREMISES IN CONFORMANCE WITH THE PURPOSES, INTENT AND PROVISIONS OF THE ABOVE-MENTIONED CODES OR ORDINANCES STATED HEREIN.

I HEREBY CERTIFY THAT THE ABOVE LISTED INFORMATION IS CORRECT. I ALSO UNDERSTAND THAT THE HOME PREPARATION AND STORAGE OF FOOD OR THE CLEANING OF EQUIPMENT OR UTENSILS USED IN THE OPERATION IS PROHIBITED AS PER N.J.A.C. 8:24-3.1 AND 8:24-3.2 AND IS SUBJECT TO PENALTIES, FINES AND POSSIBLE LICENSE FORFEITURE. IF ANY CHANGES IN MY OPERATION OCCUR, I AGREE TO NOTIFY THE HEALTH DEPARTMENT IMMEDIATELY.

Signature of Applicant

Date



SUMMIT HEALTH DEPARTMENT
512 SPRINGFIELD AVENUE
SUMMIT, NJ 07901
PHONE: 908-277-6464

COMMISSARY and/or WAREWASH FACILITY AGREEMENT

Commissary/Warewashing Name: ____

Phone #: ____

Owner Name: ____

Address: ____

Phone #: ____

Fax #: ____

Email: ____

(Name of Person in Charge) _____ has my permission to use my licensed and inspected food facility located at _____

for the purposes of establishing a commissary/headquarters/warewashing for their mobile food, catering or food processing business.

This permission (please check all that apply) DOES include the use of these premises for

- ☐ Food storage
- ☐ Food preparation
- ☐ Maintenance of supplies
- ☐ Storage of mobile food unit
- ☐ Warewashing

Signature

Date

NOTE: Most recent inspection report from this establishment must be included.

*****TO BE COMPLETED BY HEALTH DEPARTMENT ONLY*****

VERIFICATION OF HEADQUARTERS Vending Yr: _____

Current Local and/or State License: ☐ Yes ☐ No Peddler License: ☐ Yes ☐ No ☐ N/A

Verified by: _____

OTHER AGENCY – Copy of Current License: ☐ Yes, Date of Approval: _____ ☐ No