



OFFICE USE ONLY

Date Received: _____

Date Issued: _____

Permit #: _____

Fee Amount: _____

Fee Paid: Check Cash

RIVER EDGE HEALTH DEPARTMENT
PERMIT APPLICATION FOR TEMPORARY FOOD EVENT

FEE \$25.00 REQUIRED

(Please make check payable to the Borough of River Edge)

EVENT INFORMATION:

Date of Event: _____

Time Frame of Event: _____ to _____

Name of Event: _____

Location & Address of Event (Street, City, State, Zip Code):

Event Coordinator: _____

Event Coordinator Phone # _____

Event Coordinator E-Email Address: _____

MOBILE FOOD VENDOR INFORMATION:

Name of Mobile Food Vendor: _____

Type of Mobile Vendor: Table/Booth__ Mobile Retail Truck__ Pull Cart/Trailer__ Other: _____

Name of Commissary: _____

Address of Commissary (Street, City, State, Zip Code):

Name and Best Contact for Vendor: (Cell Phone #, E-Mail Address, Fax # etc.)

FOOD SAFETY QUESTIONS:

What food will be Served? _____

Where will food be Purchased? _____

Where will the food be Prepared? _____

How will food be kept at proper hot/cold temperatures during transportation, while on display, and while on site for storage? _____

How will you eliminate bare hand contact with ready-to-eat food? _____

List all food handler/managers that will be on site during the event. Only copies of valid certificates will be accepted:

The Event Coordinator is responsible for submitting this application and attached fees of all participating food vendors at least 2 weeks prior to the date of the event. Pre-screening of the vendors is required to ensure operational compliance for all food vendors and that they are held to the most recent New Jersey Chapter 24 of Sanitation in Retail Food Establishments and Food and Beverage Vending Machines standards. During Pre-Screening, the River Edge Department of Health reserves the right to refuse a vendor the right to participate if they fail to submit all required paperwork with this application or meet at least the minimal food safety regulations.

Thus, I certify to the best of my knowledge all information and any additional supplements supplied are valid and correct. I will ensure that vendors will operate as per the requirements of N.J.A.C 8:24.

Signature of Applicant: _____ Date: _____

For Office Use Only:

Reviewed & approved by: _____ Date: _____