Washington Township Health Department  
Morris County  
Temporary Vendor Application

Please submit this application to the Health Department at least **two weeks prior** to your first event of the calendar year to obtain your Temporary/Special Event Retail Food Establishment license.

<table>
<thead>
<tr>
<th>Please complete the following information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Food Establishment Name</td>
</tr>
<tr>
<td>Establishment Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Contact Name</td>
</tr>
<tr>
<td>E-mail</td>
</tr>
<tr>
<td>Legal Owner's Name and State Sales Tax #</td>
</tr>
</tbody>
</table>

*All vendors must have their original Washington Retail Food Establishment license on premise at all times!*

Please list all Washington Township events that you plan on attending:

<table>
<thead>
<tr>
<th>Event name:</th>
<th>Date(s):</th>
<th>Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Intended Menu:**

**Commissary (aka base of operation or retail store)**

All temporary and special event vendors are required to have a commissary where all food prep, including washing and cutting of produce, shall be done. **Please complete the Commissary Agreement on page 3**

<table>
<thead>
<tr>
<th>Name of Commissary:</th>
<th>Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Provide copy of current Satisfactory Placard and license for temporary unit to use that commissary.

If your operation does not require a commissary, please provide the reasoning below:

**FEE:**  
**NON-PROFIT** - $1.00  
**PROFIT** - $50.00  
**WAIVED** - $0.00

Provide list of all Food Managers and Food Handlers with certification numbers.
Handwashing Station

A handwashing station capable of providing a continuous flow of warm, running water is required within each booth or unit, unless only prepackaged foods are being sold. Please select one of the following:

- I will be serving only pre-packaged foods that don’t require preparation or cooking
- I will have a hand sink with hot and cold water under pressure supplied with soap and paper towels
- I am a tent & table vendor serving open food and/or drinks and will provide the following:

Gloves and hand sanitizers DO NOT take the place of washing hands with soap and running water!

Food Handling and Temperature Control

How will bare hand contact with ready-to-eat foods be prevented?
- Tongs
- Food-grade disposable gloves
- Deli tissue
- Other: __________________________

Will foods be held cold? □ Yes □ No
Will foods be held hot? □ Yes □ No

Water and Ice

If you have ice for human consumption, where will ice be obtained?
- Commissary
- Event
- Other: __________________________

Where will you obtain potable water?
- Commissary
- Event
- Other: __________________________

Will you be using a hose to obtain water? □ Yes □ No
If yes, is the hose food-grade quality? □ Yes □ No
Do you have a backflow preventer for the hose? □ Yes □ No

Where will wastewater be disposed?
- Commissary
- Event
- Other: __________________________

Sanitizing

Where will utensil washing take place?
- Commissary
- 3-compartment sink in unit/booth
What sanitizer will be used?
- Chlorine
- Quaternary ammonium

Temperatures Maintained

How will food temperatures be maintained during transportation?
- Insulated cooler, bag, plastic container
- Mechanical Refrigerators/Freezer
- Other: __________________________

Please include with your application a drawing of the booth layout that includes all cooking and cold/hot holding equipment, hand washing as well as a menu. Incomplete applications will delay the approval process.

Submit Application to:
Washington Township Health Department
43 Schooley's Mt. Road, Long Valley, NJ 07853
health@wtmorris.net
Commissary Agreement

Date ____________________

I, __________________________ of __________________________

(Commissary owner/operator) (Commissary Establishment Name)

Located at
__________________________________________________________
(Address of commissary, City, State, Zip)

Give my permission to __________________________ of __________________________

(Temporary unit owner/operator) (Name of temporary unit)

To use my kitchen facilities to perform the following tasks on their operation days:

☐ Preparation of food, such as washing produce, peeling or cutting foods, cooking, cooling, reheating
☐ Warewashing
☐ Filling water tanks
☐ Dumping waste water
☐ Storage of foods, single-service items, and chemicals
☐ Servicing and cleaning of equipment and utensils
☐ Other (specify)

____________________________________________________________

A Commissary Use Log will be maintained and made available to the department upon request. Indicate how and where the Commissary Use Log will be maintained:

____________________________________________________________

Commissary Water Supply:

☐ Public ☐ Private (PWSID#) ____________

Commissary Sanitary Sewer Service:

☐ Public ☐ Private

Signature ___________________________________________ Date ____________________

(Commissary owner/operator)

Commissary Contact Phone Number: ____________________________

Commissary Email Address: ____________________________

This Commissary Agreement is Only Valid for 2018