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>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>Retail Food Establishment Name</td>
<td></td>
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<tr>
<td>Establishment Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Contact Name</td>
<td>Contact #</td>
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<tr>
<td>E-mail</td>
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<tr>
<td>Legal Owner’s Name and State Sales Tax #</td>
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**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:

- **Event name:** __________________________  **Date(s):** __________________________  **Location:** __________________________
- **Event name:** __________________________  **Date(s):** __________________________  **Location:** __________________________

**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**

- **Name of Commissary:** __________________________  **Location:** __________________________

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:

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**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:

Handwashing Set-Up

1. A container with a hands-free spigot that is capable of holding a minimum of 5 gallons of water
2. 5 gallons of potable water (minimum) that will be replenished, as necessary
3. Pump Soap only
4. Paper towels
5. A container to catch the waste water until it can be disposed of properly
6. A trash can for disposing of paper towels

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 2017