

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.

Please complete the following information:		
Retail Food Establishment Name		
Establishment Address		
City	State	Zip Code
Contact Name	Contact #	
E-mail		
Legal Owner's Name and State Sales Tax #		

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: _____

Source of food/ingredients:

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:

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

Provide copy of all Food Managers and Food Handlers with certification numbers.

On back of page sketch general booth set up. Show locations of hand & dish wash stations, trash containers, hot & cold hold units, work tables etc.

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? _____ Do you have a backflow preventer for the hose? _____

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: _____

Commissary Agreement good for licensing year only.