

Township of Mahwah

HEALTH DEPARTMENT
475 CORPORATE DRIVE
PO BOX 733
MAHWAH, NJ 07430
PHONE: 201-529-5757 Ext. 2 FAX: 201-529-8013

HEALTH DEPT. USE ONLY
License #2018-
Receipt No.
Date:
Approved by:

TEMPORARY FOOD LICENSE APPLICATION – BH: 5-4(b):4

FEE: \$50.00 PER VENDOR

NAME OF EVENT OR FUNCTION: _____

LOCATION: _____ DATE(S) / HOURS OF EVENT: _____

EVENT SPONSOR : _____

SPONSOR/COORDINATOR NAME: _____ PHONE # _____

SPONSOR/COORDINATOR'S EMAIL ADDRESS: _____

FOOD SERVICE PROVIDER (LICENSEE) INFORMATION:

NAME/COMPANY: _____

ADDRESS: _____

PHONE NUMBER (_____) _____ FAX (_____) _____

CONTACT PERSON: _____

EMAIL ADDRESS: _____

NAME OF PERSON-IN-CHARGE AT EVENT (MUST BE KNOWLEDGEABLE IN SAFE FOOD HANDLING):

BEST PHONE NUMBER TO REACH PERSON-IN-CHARGE: (_____) _____

LIST FOODS AND BEVERAGES TO BE SERVED AND WHERE YOU OBTAIN THEM FROM:

READY TO EAT, NO PREP _____

ITEMS COOKED AND/OR PREPARED ON SITE _____

OPEN FLAME HEAT SOURCE FOR COOKING? Indicate: PROPANE CHARCOAL WOOD

OTHER: _____

IF ANY FOODS ARE COOKED OR PREPARED IN ADVANCE AT A LOCATION OTHER THAN YOUR BASE OF OPERATION, LIST THEM HERE AND STATE WHERE YOU OBTAIN THEM:

SPECIFY THE TYPE(S) OF CONTAINER(S) YOU WILL USE TO TRANSPORT THE FOLLOWING FOODS TO THE EVENT AND HOW MUCH TIME EACH WILL SPEND IN-TRANSIT:

FROZEN FOODS: _____

COLD FOODS (41°F and below): _____

HOT FOODS (135°F and above) : _____

METHOD OF MAINTAINING SAFE TEMPERATURE:

COLD FOODS (41°F and below): _____

HOT FOODS (135°F and above) : _____

BARE HAND CONTACT WITH READY TO EAT FOODS IS PROHIBITED. INDICATE METHOD YOU WILL USE TO ASSEMBLE / PREPARE / SERVE READY-TO-EAT FOODS:

SOURCE OF POTABLE WATER: _____
(PRIVATE WELL WATER IS NOT PERMITTED)

HOOK UP CONNECTION REQUIRED? YES NO

(IF YES, CONTACT MAHWAH WATER DEPT. (201-529-4413) SEVEN DAYS PRIOR TO EVENT)

EMPLOYEE HANDWASHING - METHOD AT LOCATION WHERE FOOD IS MADE OR SERVED:

METHOD FOR WASHING/SANITIZING UTENSILS: _____

METHOD OF LIQUID WASTE STORAGE AND DISPOSAL: _____

REMOVAL COMPANY (IF APPLICABLE): _____

FREQUENCY OF REMOVAL: _____

TYPE OF SANITIZER THAT WILL BE USED ON SITE: _____

(Commercially prepared and packaged sanitizers preferred. If using a solution that you have diluted from concentrate or transferred from a bulk container, you must label and identify the contents of the container you are using. You must have appropriate test strips available to verify proper concentration is being used.)

COMPLETE IF YOU ARE SUPPLYING PORTABLE SANITARY FACILITIES FOR PUBLIC USE:

COMPANY NAME: _____ **COMPANY PHONE NUMBER:** _____

NO. OF UNITS _____ **DOES UNIT CONTAIN HANDWASHING UTILITY? :** _____

NAME AND PHONE NUMBER OF PERSON RESPONSIBLE FOR MONITORING SUPPLIES (TOILET PAPER, SOAP, ETC. THROUGHOUT THE EVENT:

NAME: _____ **CELL PHONE:** _____

A BOARD OF HEALTH LICENSE DOES NOT CONSTITUTE PERMISSION TO VIOLATE ANY OTHER TOWNSHIP ORDINANCE, REGULATION OR CODE.

SIGNATURE: _____ **DATE:** _____

YOU MUST HAVE A WORKING, THIN-PROBE FOOD THERMOMETER AVAILABLE ON SITE

**MINIMUM COOKING TEMPERATURE OF POTENTIALLY HAZARDOUS FOOD IS 145° F (OR ABOVE)
MINIMUM REHEATING TEMPERATURE OF POTENTIALLY HAZARDOUS FOODS IS 165°F
GROUND BEEF MUST BE COOKED TO A MINIMUM TEMPERATURE OF 155°F.**

HOME PREPARED FOODS ARE PROHIBITED FOR USE. THIS PROHIBITION SHALL NOT APPLY TO NON-POTENTIALLY HAZARDOUS HOME BAKED GOODS.