

# 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 #2019-
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: (\_\_\_\_\_) \_\_\_\_\_

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**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:** \_\_\_\_\_

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**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.**