

APPLICATION FOR FARMERS MARKET FOOD VENDOR LICENSE

BOONTON HEALTH DEPARTMENT
100 WASHINGTON STREET, BOONTON, NJ 07005
(973) 402-9410 x 631

All applications must be received at least 21 days prior to the event. All sections of this application must be completed and the fee paid. You will not be able to participate in the event without Health Dept. approval.

TRADE NAME OF FIRM: _____

BUSINESS ADDRESS: _____

PHONE NUMBER: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

EMAIL: _____

MOBILE PHONE NUMBER: _____

*If Corporation, please list name of president: _____

NAME OF EVENT: _____

LOCATION OF EVENT: _____

BLOCK / LOT: _____

EVENT COORDINATOR: _____

COORDINATOR EMAIL: _____

DESCRIBE FOOD SERVICE RENDERED: (i.e., Tabletop/Tent, Push Cart, Food Preparation Vehicle, Refrigerated Vehicle, etc.)

HOURS OF OPERATION: (Months, Days, & Hours) _____

Description of Food Operations (Check All that Apply)

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Commercially Pre-Packaged Food | <input type="checkbox"/> Cold Foods | <input type="checkbox"/> Raw Meats |
| <input type="checkbox"/> Bottled/Canned Beverages | <input type="checkbox"/> Frozen Foods | <input type="checkbox"/> Fish |
| <input type="checkbox"/> Prepared Beverages | <input type="checkbox"/> Hot Foods | <input type="checkbox"/> Shellfish * |
| <input type="checkbox"/> Non-Hazardous Foods (bakery goods) | <input type="checkbox"/> Limited Food Preparation (Cook to Order) | |
| <input type="checkbox"/> Potentially Hazardous Foods (containing animal or plant ingredients) | | |
| <input type="checkbox"/> Advance Food Preparation at commercial kitchen base of operation only (Risk 3) | | |
| <input type="checkbox"/> Canned/Bottled Fruit Jams or Jellies | | |
| <input type="checkbox"/> Other: _____ | | |

* Shellfish tags **must** be available at time of inspection and maintained for minimum of 90 days after event.

NO non-commercially prepared jarred or canned shelf stable or acidified foods for room temperature storage will be permitted.

COLD AND HOT HOLDING:

Describe how food will be maintained at 41° F-or-below and 135° F-or-above at all times during:

Transport to the event: _____

Preparation: _____

Display: _____

Hot & Cold Unit Storage: _____

ALL LEFTOVER PREPARED FOODS MUST BE DISCARDED

Identify equipment used in the temporary food facility:

| | | |
|---|--|---|
| <p>Required hand wash station for all open foods</p> <p><input type="checkbox"/> 5 gallon insulated container with free flow spigot and 5 gallon catch bucket, liquid hand soap, and paper towel OR</p> <p><input type="checkbox"/> Hand sink with cold and hot running water, liquid hand soap, and paper towels</p> | <p>REQUIRED EQUIPMENT:</p> <p><input type="checkbox"/> Thermometers in each cold holding unit</p> <p><input type="checkbox"/> Thermometer to test prepared food temperature</p> | <p>COLD HOLDING EQUIP.</p> <p><input type="checkbox"/> Ice chest with ice packs</p> <p><input type="checkbox"/> Ice chest with drained ice</p> <p><input type="checkbox"/> Refrigerator</p> <p><input type="checkbox"/> Refrigerated truck</p> <p><input type="checkbox"/> Freezer</p> <p><input type="checkbox"/> Freezer truck</p> <p><input type="checkbox"/> Dry ice</p> |
| <p><input type="checkbox"/> Hand sanitizer required for pre-packaged food vendors only</p> | <p><input type="checkbox"/> Disposable gloves</p> <p><input type="checkbox"/> Waste containers</p> <p><input type="checkbox"/> Recycling containers</p> <p><input type="checkbox"/> Sanitizer test kit</p> | |
| <p>Sanitation if preparing foods (Choose 1 or 2 AND 3 or 4)</p> <p>1. <input type="checkbox"/> 3-Compartment sink with hot and OR cold running water</p> <p>2. <input type="checkbox"/> 3 large pans with potable water ----- AND -----</p> <p>3. <input type="checkbox"/> Bucket with sanitizer and wiping OR cloth</p> <p>4. <input type="checkbox"/> Spray bottles with sanitizer</p> | <p>POWER SOURCE:</p> <p><input type="checkbox"/> Electric</p> <p><input type="checkbox"/> Generator</p> <p><input type="checkbox"/> Propane</p> | <p>HOT HOLDING EQUIP.</p> <p><input type="checkbox"/> Oven / stove</p> <p><input type="checkbox"/> Barbecue grill</p> <p><input type="checkbox"/> Gas grill</p> <p><input type="checkbox"/> Deep fryer</p> <p><input type="checkbox"/> Smoker</p> <p><input type="checkbox"/> Steam table</p> <p><input type="checkbox"/> Wood fire</p> <p><input type="checkbox"/> Charcoal</p> <p><input type="checkbox"/> Other _____</p> |
| <p>Identify if you are providing the following:</p> <p><input type="checkbox"/> Freshwater storage tank ____ gallons</p> <p><input type="checkbox"/> Wastewater storage tank ____ gallons</p> | <p>** The use of a gasoline generator, propane tanks, or any combustible material will also require a Permit with the Fire Prevention Bureau.</p> | <p>*Crockpots are not permitted for cooking or reheating</p> |

REQUIRED SUBMITTALS:

- Water Testing Records** of water source (Private wells only, if not already provided to this Health Dept.)
- Copy of **Food Protection Managers Certification (Risk 3)**, advanced preparation of foods
- Copy of **Food License and Inspection Report** or **Inspection Rating Placard** for Commissary
- Copy of **Food License and Inspection Report** or **Inspection Rating Placard** for Food Vendor Business from Health Authority.
- A **Menu** of items to be sold
- Farmers Market License Fee** of \$100.00 in the form of exact change cash or a check made payable to the 'Town of Boonton'.

CERTIFICATION: USE OF LICENSED FOOD ESTABLISHMENT

COMMISSARY NAME: _____

BUSINESS ADDRESS: _____

PHONE NUMBER: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

EMAIL: _____

MOBILE PHONE NUMBER: _____

*If Corporation, please list name of president: _____

TRADE NAME OF VENDOR: _____

BUSINESS ADDRESS: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

EMAIL: _____

MOBILE PHONE NUMBER: _____

I (WE) CERTIFY THAT THIS LICENSED FOOD ESTABLISHMENT (COMMISSARY) ARE USED FOR THE PURPOSE OF PREPARING AND STORING FOOD ITEMS, CLEANING EQUIPMENT, AND ALL OTHER FUNCTIONS OF A RETAIL FOOD ESTABLISHMENT IN ACCORDANCE WITH N.J.A.C. 8:24 'SANITATION IN RETAIL FOOD ESTABLISHMENT AND FOOD AND BEVERAGE VENDING MACHINES', AND ALL LOCAL APPLICABLE HEALTH AND SANITARY REGULATIONS. I HEREBY CERTIFY THAT SUFFICIENT PREPARATION, CLEANING, AND STORAGE SPACE AND REFRIGERATION IS AVAILABLE TO THE CONTRACTING FOOD VENDOR.

I FURTHER CERTIFY THAT THE FOREGOING STATEMENTS AND THE MATERIALS SUBMITTED HEREIN ARE TRUE. I FURTHER CERTIFY THAT I AM THE INDIVIDUAL COMMISSARY OWNER OR THAT I AM AN OFFICER OF THE CORPORATE OWNER AND THAT I AM AUTHORIZED TO SIGN THE CERTIFICATION FOR THE CORPORATION OR THAT I AM A GENERAL PARTNER OF THE PARTNERSHIP.

PRINTED NAME OF COMMISSARY OWNER/MANAGER

SIGNATURE OF COMMISSARY OWNER/MANAGER

DATE