

City of Vineland, New Jersey
Application for Food
Establishments at Special Events
(2008)

Directions:

Acceptance as a food vendor must first be obtained through the organizers of the event. The operator of each temporary food establishment must then complete and submit this application to the Vineland Health Department at least 30 days before the start of an event. In addition, an application for a retail food license must be completed and submitted to the Department of Licenses and Inspections at least 30 days before the start of the event.

Date of Submission to the Health Department: _____

Name of Event to be Attended: _____

Name of Temporary Food Establishment: _____

Name of Operator/Owner: _____

Business Address: _____

Mailing Address (if different from above) _____

Business Phone Number _____

Home Address of Operator/Owner: _____

Home Phone Number of Operator/Owner: _____

Date(s) and Time(s) of Event: _____

Date and Time this food establishment will start operation: _____

Name(s) of Person-in Charge at the event _____

Note: There must be a person in charge at all times who is knowledgeable and responsible for the safety of the food. **How** has the person(s) in charge gained knowledge about food safety?

Go to www.vldhealth.org for a list of foodsafety classes to satisfy this requirement.

8. How will any frozen foods be thawed? _____
9. Describe the floors, walls and ceiling surfaces within the Temporary Food establishment: (Note: There must be overhead protection and flooring.)
 Floor covering _____
 Ceiling/overhead protection _____
 Walls _____
10. Will electricity be needed to operate any equipment? _____
 If yes, how will that electricity be delivered? _____

√ Check all temperature control methods you will use to keep potentially hazardous foods either 41°F or below or 135°F or above. Note on the space provided, how many units you will be using at the event		
Cold Holding	Cooking	Hot Holding
<input type="checkbox"/> Commercial Refrigerator ____ <input type="checkbox"/> Refrigerated Truck ____ <input type="checkbox"/> Freezer ____ <input type="checkbox"/> Ice Chest ____ (limited use only) <input type="checkbox"/> Drained Ice ____ (limited use only) <input type="checkbox"/> Other _____ Note: No home-style refrigerators are allowed.	<input type="checkbox"/> Oven _____ <input type="checkbox"/> BBQ grill _____ <input type="checkbox"/> Gas Grill _____ <input type="checkbox"/> Deep Fryer _____ <input type="checkbox"/> Stove _____ <input type="checkbox"/> Wok _____ <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Oven _____ <input type="checkbox"/> BBQ grill _____ <input type="checkbox"/> Gas grill _____ <input type="checkbox"/> Stove _____ <input type="checkbox"/> Crock pot _____ <input type="checkbox"/> Hot display cases _____ Heat source? _____ <input type="checkbox"/> Chafing dishes _____ Note: Canned heat (sterno) will only be allowed for indoor events that are less than 3 hours long. <input type="checkbox"/> Other _____

Attachments:

1. Please attach the layout of your proposed unit or booth. Include all pieces of equipment and sinks. All items must be labeled.
2. Please complete the certification (page 6 of this application) regarding your commercial base of operations. A commercial base of operations is required for all booths and non-self-contained mobile units.
3. Recent water tests on non-public potable water source, if applicable.
4. A copy of your NJ Tax ID registration card or confirmation.

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Vineland Health Department may nullify final approval.

Signature(s) of Owner(s)/Applicant(s):

_____ Date: _____

Please Note: Approval of these plans and specifications by the Vineland Health Department does NOT indicate compliance with any other code, law or regulation that may be required. A pre-open inspection may be required.

For Regulatory Authority Use Only:

APPROVAL: _____ DATE: _____

Approval Restrictions: _____

Approval Effective dates: _____

DISAPPROVAL: _____ DATE: _____

Reasons for Disapproval: _____
