TOWNSHIP OF CLINTON HUNTERDON COUNTY



BOARD OF HEALTH

APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD CONCESSION-Exempt

SPECIAL EVENT

| | DATE OF EVENT: |
|--|--|
| | TIME OF EVENT: |
| NAME OF FOOD OPERATION: | |
| LOCATION OF FOOD STAND: | |
| NAME OF FOOD STAND OWNER:_ | |
| OWNER'S ADDRESS: | PHONE #: |
| TIME STAND WILL BE READY FOR | INSPECTION: |
| NUMBER OF FOOD STANDS: | (NOTE: A \$Exempt |
| WHERE WILL FOOD BE PURCHAS | ED? (NO HOME PREPARED FOODS) |
| WHERE WILL FOOD BE STORED P | PRIOR TO THE EVENT? |
| NAME OF ESTABLISHMEN | Т: |
| ADDRESS: | |
| INSPECTED BY: | |
| | D COLD? (45°F) ON SITE (at sales booth?) (Examples of cold foods poultry, fish, vegetables, salads, and dairy products). |
| | HOT (140°F)? (Examples of hot food are: cooked, ready-to-serve lonions, potatoes, beans, falafel, veggy burgers, etc.). |
| DESCRIBE THE HAND WASHING F | FACILITIES IN YOUR STAND: |
| LIST ALL FOODS AND BEVERAGES | S THAT YOU WILL BE SERVING: |
| I agree to abide by the regulations at | tached to this application per N.J.A.C. 8:24 et. seq. |
| Applicant's Signature | |