



**TOWNSHIP OF CLINTON  
HUNTERDON COUNTY  
BOARD OF HEALTH**

APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD CONCESSION

NAME OF THE EVENT: \_\_\_\_\_ DATE OF THE EVENT: \_\_\_\_\_

PLACE OF THE EVENT: \_\_\_\_\_ TIME OF EVENT: \_\_\_\_\_

NAME OF EVENT COORDINATOR: \_\_\_\_\_ TEL: DAY OF EVENT: \_\_\_\_\_

**(The above person must be the designated person available on the day of the event to answer questions.)**

NAME OF FOOD BOOTH: \_\_\_\_\_

TIME BOOTH WILL BE READY FOR INSPECTION: \_\_\_\_\_

NAME OF FOOD BOOTH OWNER: \_\_\_\_\_ TEL: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

NUMBER OF FOOD BOOTHS: \_\_\_\_\_ NOTE: a \$ 150.00 fee made payable to Clinton Township  
(Must accompany this application)

1. WHERE WILL FOOD BE STORED AND/OR PREPARED PRIOR TO THE EVENT? (STORAGE FACILITY MUST BE A LICENSED FACILITY – ITEMS MAY NOT BE STORED IN A PRIVATE HOME. NO FOODS MAY BE PREPARED IN A PRIVATE HOME)

NAME OF ESTABLISHMENT: \_\_\_\_\_ INSPECTED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2. HOW WILL YOU KEEP FOOD COLD? (41 DEGREES F.) ON SITE (at sales booth?)  
(examples: Food requiring refrigeration includes raw and previously cooked meats; poultry; fish; vegetables; salads; eggs and dairy products). \_\_\_\_\_

3. HOW WILL YOU KEEP HOT FOOD HOT (135 DEGREES F.) ON SITE (at sales booth?)  
(Examples: cooked, ready-to-serve meats; poultry; seafood; tofu; cooked onions and peppers; potatoes; beans; falafel; chili; bar b Que; “veggie burgers”; etc.) \_\_\_\_\_

4. HOW WILL YOU PREVENT BARE HAND CONTACT WITH READY-TO-EAT FOODS?  
\_\_\_\_\_

5. DESCRIBE THE HANDWASHING FACILITIES AT YOUR BOOTH:  
\_\_\_\_\_

6. DESCRIBE THE WAREWASHING FACILITIES IN YOUR BOOTH:  
\_\_\_\_\_

7. DESCRIBE THE METHOD OF SOLD WASTE DISPOSAL AND MANDATORY RECYCLING OF MATERIALS AT YOUR BOOTH (REQUIRED) \_\_\_\_\_

8. LIST ALL FOOD AND BEVERAGE ITEMS THAT WILL BE SERVED:  
\_\_\_\_\_  
\_\_\_\_\_

9. I agree to abide by the regulations attached to this application per N.J.A.C. 8:24 et. Seq.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

(OFFICIAL USE ONLY) APPROVED YES _____ NO _____	Payment Received _____	Temporary Food License Number: _____
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