TOWNSHIP OF MOUNT OLIVE

DEPARTMENT OF HEALTH
FOR MINE HILL TOWNSHIP EVENTS

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www.mountolivetwpnj.org

Public Health
Prevent. Promote. Protect.

Retail Food Temporary Event License Application Checklist

Initial and attach corresponding applicable documents.

_____**Fully completed application is attached.**

_____**Completed commissary agreement is attached.**

_____**Copy of commissary's most recent satisfactory placard OR inspection report is attached.**

_____**Copy of commissary's license is attached.**

_____**Vendor's most recent satisfactory placard OR inspection report is attached.**

_____**Proof of food safety manger's course (ex Servsafe) if selling risk two or above food items. ***

_____**Copy of liability insurance (COI) naming Mine Hill Twp. as additionally insured if vendor is operating on Township property.**

_____**I have contacted the fire marshal if I have combustible equipment or an open flame. ***

_____**I understand that if my application/documentation is not complete or I have submitted my application less than six weeks prior to the event, my application may not be accepted.**

_____**I understand that I cannot submit payment until my application is approved.**

***Risk 1- Only sells pre-packaged, non-potentially hazardous foods. Prepares only non-potentially hazardous foods. Heats only commercially processed, potentially hazardous foods for hot holding and does not cool potentially hazardous foods (ex: hot dog carts and coffee stands)**

***Mt. Olive Twp. requires proof of an accredited food safety mangers course for selling risk 2,3, and 4 foods. Refer to N.J.A.C. 8:24.**

***Contact Fire Marshall Tom Trapasso for fire permits/questions at 862-269-9077/firemarshal@minehill.com.**

ONLY fully completed applications, with attached documentation/checklist will be accepted.

Fully completed applications will only be accepted at minimum six weeks prior to the event date.

MOUNT OLIVE TOWNSHIP HEALTH DEPARTMENT
TEMPORARY FOOD HANDLING LICENSE APPLICATION
FOR MINE HILL TOWNSHIIP EVENTS

Vendor Name:_____

Vendor's Phone Number:_____

Contact Person's Name: _____

Contact Person's Phone Number:_____

Contact Person's Email: _____

Date and Time of Event: _____

Location and Name of Event:_____

Person in Charge (PIC) of food safety during event:_____

Time Vendor will be set up and ready for inspection on the day of the event: _____

Type of Unit: Tent___ Cart___ Tables___ Other (please specify) _____

Food Product Selling:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Date and Place Food Purchased:

_____

Where did you obtain your water from?_____

Where did you obtain your ice from?_____

<u>Food from approved sources (8:24-3.2)</u>

All food shall be obtained from a source which is in compliance with all applicable State and local laws and regulations. All food must be prepared in a licensed food facility.

Food may not be stored, handled, or prepared at home.*

**Exception: Food permitted on vendor's Cottage Food License.*

** Exception: Non-profit charitable 501(c)3 organizations selling non-potentially hazardous baked goods with proper signage on display. Signage shall state, "These items were prepared in a kitchen that is not subject to licensing or inspection by the local health authority."*

MOUNT OLIVE TOWNSHIP HEALTH DEPARTMENT
TEMPORARY FOOD HANDLING LICENSE APPLICATION
FOR MINE HILL TOWNSHIIP EVENTS

Temperature Safety

Will you be cooking onsite at the event?_____

What equipment will you be using to cook?_____

Temperatures food must be cooked to:

145 °F for fish, pork, and meat

155 °F for ground meat

165 °F for poultry and stuffed meat

A thin-probed thermometer is required to be on site at all times for potentially hazardous food.

Hot and Cold Holding of Potentially Hazardous Foods

Describe how potentially hazardous food will be maintained at 41° F or below and 135° F or above at all times and the equipment used to maintain temperature:

**Some examples of potentially hazardous foods consist of animal products containing milk products, eggs, meat, poultry, fish or shellfish, cooked vegetables, soups, cut melons, salads(macaroni, potato, tuna, chicken etc.)*

Before event:_____
_____
_____

Transportation to the event:_____
_____
_____

Display/storage during event:_____
_____
_____

Do you have a method to rapidly reheat (reheating food to 165° F within two hours) your food items and what is that method?_____
_____

Examples: oven, grill, microwave.

Note: Steam tables, heat lamps, sternos, and crock pots are not designed to rapidly reheat food.

MOUNT OLIVE TOWNSHIP HEALTH DEPARTMENT
TEMPORARY FOOD HANDLING LICENSE APPLICATION
FOR MINE HILL TOWNSHIIP EVENTS

Check which handwash station you will use:

_____5 gallon insulated container with free flow spigot and catch bucket, liquid hand soap, and paper towels.

_____Hand sink with cold and hot running water, liquid hand soap, and paper towels.

_____Hand sanitizer **only allowed for prepackaged foods.**

Check how you will clean and sanitize your utensils and equipment:

_____3 compartment sink with hot and cold water, soap, sanitizer, and sanitizer test strips.

_____3 large pans with potable water, soap, sanitizer, and sanitizer test strips.

_____Spray bottle with sanitizer or sanitizer wipes for **prepackage foods only.**

Date completed application and attached documentation provided to health department:_____

Only fully completed applications, with attached documentation/checklist will be accepted.

Fully completed applications will only be accepted at minimum six weeks prior to the event date.

FEES:
Temporary Event License for Retail Food Vendors: $15.00 per unit for events lasting 1-5 consecutive days.

Questions?: 862-437-1190

TOWNSHIP OF MOUNT OLIVE
HEALTH DEPARTMENT
COMMISSARY AGREEMENT
FOR MINE HILL TOWNSHIP EVENTS

A commissary is an approved location, usually a food establishment, where food is stored, prepared, portioned, or packaged for service elsewhere. A commissary may also be used to service and store food vehicles or carts. Once our office approves of this commissary agreement, you may not use a different facility for food preparation and storage without the written approval of Mount Olive Township Health Department. Mt. Olive Health Dept. 973-691-0900

Persons wishing to operate within Mine Hill Township must submit this form for review (check one):

- ☐ A mobile unit or push cart; or
- ☐ A temporary food establishment requiring off-site or advanced food preparation; or
- ☐ A temporary food establishment lasting two days or more; or
- ☐ A farmer's market food vendor or processor stand; or
- ☐ A catering business

The owner or person in charge of the approved food establishment or commissary must complete the following information:

Commissary Owner Information	**Commissary Owner Information**
Facility Name:	Facility Name:
Contact Name:	Contact Name:
Address:	Address:
City ,State, Zip:	City ,State, Zip:
Phone Number:	Phone Number:
Email Address:	Email Address:

Round trip mileage from commissary kitchen to service location and back: _____ Miles.

Afterhours accessibility – key provided to commissary user? ☐ Yes ☐ No

Commissary tasks (*mark all that apply*):

☐ Cooking foods ☐ Potable water re-supply ☐ Hot Holding foods ☐ Wastewater disposal
☐ Raw Meat/Seafood Prep ☐ Cleaning of utensils ☐ Vegetable / Ready to Eat Food Prep
☐ Restroom Available ☐ Other Food preparation (trimming, assembly, re-portioning)
☐ Dry Goods Food storage (i.e. shelving for dry goods)
☐ Refrigerated Food storage (i.e. walk-in cooler, sandwich prep cooler)
☐ Cooling of hot foods (If yes, which method: ☐ shallow pan or ☐ ice bath)
☐ Other:

I grant permission for_____ to use my facility for the tasks indicated above. This agreement is voided immediately if the commissary owner or user sells or closes his/her business.

Commissary operator signature_____ Date_____

Commissary user signature_____ Date_____

Please attach the most recent sanitary inspection report for commissary being utilized.
Incomplete Commissary Agreements will not be approved.