

TOWNSHIP OF KINGWOOD
BOARD OF HEALTH

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APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD CONCESSION
SPECIAL EVENT

NAME OF FOOD OPERATION: _____

NAME OF FOOD BOOTH OPERATOR: _____ PHONE NUMBER: _____

LOCATION OF FOOD OPERATION: _____

ADDRESS: _____

NUMBER OF FOOD BOOTHS: _____ (Note: \$ 75.00 fee made payable to Kingwood Township must accompany this application)

TIME OF EVENT: _____ A.M./P.M. DATE OF EVENT _____

1. WHERE WILL FOOD BE STORED AND/OR PREPARED PRIOR TO THE EVENT? _____

2. HOW WILL YOU KEEP FOOD COLD (45F)? ON SITE (at sales booth)?
(examples of cold food are: raw or previously cooked meat, poultry, fish, vegetables, salads & dairy products)

3. HOW WILL YOU KEEP FOOD HOT (140F)?
(examples of hot food are: cooked, ready-to-serve meats, poultry, seafood, tofu, cooked onions, potatoes, beans, falafel, veggie burgers, etc.)

4. DESCRIBED THE HANDWASHING FACILITIES IN YOUR BOOTH: _____

5. WHERE IS YOUR BASE OF OPERATIONS OR COMMISSARY?
ADDRESS: _____ INSPECTED BY: _____

6. LIST ALL FOOD AND BEVERAGE ITEMS THAT WILL BE SERVED:

7. DESCRIBE METHOD OF SANITIZING EQUIPMENT: _____

8. POTABLE WATER SOURCE: _____

9. I agreed to abide by the regulations attached as per N.J.A.C. 8:24 et. seq.

Signature of Applicant

Date