

**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