



COUNTY OF BERGEN  
DEPARTMENT OF HEALTH SERVICES  
Office of Environmental Health  
220 East Ridgewood Avenue • Paramus, New Jersey 07652-4895  
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VENDOR APPLICATION FOR TEMPORARY FOOD EVENT

\*\*\*FEE \$75 /DAY\*\*\*

To Be Submitted with Promoter Application

Date of Event: \_\_\_\_\_ Time Frame of Event: \_\_\_\_\_ to \_\_\_\_\_

Name of the Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_ Municipality: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Onsite Operator: \_\_\_\_\_ Phone: \_\_\_\_\_

Menu to be served (including beverages): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where will food be purchased? \_\_\_\_\_

Where will food be prepared? \_\_\_\_\_

How will food be kept at proper temperatures (during transport, while on site and in storage before the event) \_\_\_\_\_

\_\_\_\_\_

If food preparation is in a Motor Vehicle:

License plate: \_\_\_\_\_ State: \_\_\_\_\_

How will Bare Hand Contact with Ready To Eat Food be eliminated?

\_\_\_\_ Use of disposable gloves with glove changes between tasks

\_\_\_\_ Use of Utensils – where food will be dispensed using utensils directly to consumer with no handling

\_\_\_\_ Use of Waxed Paper for dispensing of food

\_\_\_\_ Other: \_\_\_\_\_

Will you have access to running water and/or rest rooms? Yes \_\_\_\_ No \_\_\_\_

If no, how will you provide an alternative means of hand washing and ware washing?

Hand washing : \_\_\_\_\_

\_\_\_\_\_

Ware washing: \_\_\_\_\_

\_\_\_\_\_

What is the name and location of your Commissary Kitchen: (location where food is stored, equipment is washed and any pre-preparation is performed when not at the event) \_\_\_\_\_

\_\_\_\_\_

I have received, read and understand "Requirements for Temporary Food Events." \_\_\_\_\_

Initials of Applicant

I certify to the best of my knowledge that all facts and data supplied are true and correct. This temporary food establishment will be operated as per requirements of NJAC 8:24.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....  
For Office Use Only:

Reviewed and Approved

By: \_\_\_\_\_

Date: \_\_\_\_\_

Fee Paid by: Cash:

Check:

Money Order:

Fee Paid through Promoter or Directly:

Promoter:

Directly: