TEMPORARY EVENT/FARM MARKET FOOD VENDOR LIST

Provide a list of all participating vendors. You may fax/email partial lists as you recruit. This will assist us in tracking their food application and permit status. A FINAL list is needed at least 5 days prior to the beginning of your event. We will copy you on all APPROVED or REJECTED applications as we process them.

EVENT NAME: ________________________________
__________________________________________
__________________________________________

EVENT LOCATION: ________________________________
__________________________________________
__________________________________________

EVENT START DATE: __________________________

COORDINATOR PHONE: __________________________

EVENT COORDINATOR: __________________________

COORDINATOR EMAIL: __________________________

☐ Partial Vendor List  Submittal Date: ___________
☐ Updated Vendor List  Submittal Date: ___________
☐ Final Vendor List  Submittal Date: ___________

PLEASE USE THE ATTACHED PAGE TO LIST ALL MOBILE FOOD VENDORS THAT WILL BE ATTENDING YOUR EVENT. MAKE ADDITIONAL COPIES, IF NECESSARY.
TEMPORARY RETAIL FOOD ESTABLISHMENT APPLICATION

PART 1 (To be completed by Temporary Food Vendor)

Temporary Vendor Business Information

<table>
<thead>
<tr>
<th>Trading Name of Temporary Vendor:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner/Corporation:</td>
<td></td>
</tr>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Mailing Address (if different):</td>
<td></td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Cell Phone:</td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
</tr>
</tbody>
</table>

Type of Temporary Unit (Check all that apply)

- [ ] Tabletop
- [ ] Tent
- [ ] Contestant
- [ ] Other

Sanitation/Personal Hygiene

- [ ] Hot/cold running water
- [ ] Freshwater Container _____ Gals
- [ ] Wastewater Container _____ Gals
- [ ] Handsink w. warm running water
- [ ] Insulated Container w/ Free Flow Spout
- [ ] 3 Compartment Sink with hot/cold run water
- [ ] Buckets/Spray Bottles with Sanitizer
- [ ] Gloves
- [ ] Paper Towels
- [ ] Soap

Other Equipment

- [ ] Trash Container
- [ ] Sneeze Guards
- [ ] Extra Utensils
- [ ] Covered Containers
- [ ] Foil, Plastic Wrap
- [ ] Thermometers
- [ ] Sanitizer Test Kit

Temporary Retail Food Unit Operation Schedule (List all that apply)

Temporary/Special Event(s):

Name of Event(s):  

Days and Times at the event(s):  

Event Contact Person:  

Email:  Phone:  

REMINDER!!! NO HOME PREPARED FOOD ALLOWED - NO HOME STORAGE OF FOOD ALLOWED!!!
<table>
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<tr>
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REMINDER!!! NO HOME PREPARED FOOD ALLOWED – NO HOME STORAGE OF FOOD ALLOWED!!!
Description of food operations: Menu items, source, prep, handling, storage, equipment

NO HOME PREPARED FOODS ALLOWED!!! TAKE TEMPERATURES!! YOU MUST HAVE RECEIPTS ONSITE FOR ALL FOOD ITEMS YOU BUY!! (**copy if additional forms are needed)

<table>
<thead>
<tr>
<th>List EVERY Food and Drink &amp; how many servings of each item</th>
<th>If this item is prepared using RAW ANIMAL or PLANT products, list those ingredients</th>
<th>Where did you buy this item? List STORE and ADDRESS</th>
<th>Prepared at Vending Site (V) or Servicing Area (SA)?</th>
<th>Cooked at Vending Site (V) or Servicing Area (SA)?</th>
<th>How do you COOK this food item? List EQUIPMENT USED &amp; POWER SOURCE</th>
<th>How do you quickly cool the food item? List COOLING EQUIPMENT USED &amp; POWER SOURCE</th>
<th>How do you keep the food item hot? List HOT HOLDING EQUIPMENT USED &amp; POWER SOURCE</th>
<th>If reheating item for hot holding, list REHEATING EQUIPMENT USED &amp; POWER SOURCE</th>
<th>How do you keep the food item cold? List COLD HOLDING EQUIPMENT USED &amp; POWER SOURCE</th>
<th>Refrigerator, electric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Chicken tenders, 50</td>
<td>Raw Chicken</td>
<td>XYZ Butcher Shop, 123 Main St., Toms River, NJ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>
TEMPORARY RETAIL FOOD UNIT NAME ________________ DATE __________

PART 2 (TO BE COMPLETED BY SERVICING AREA OWNER/MANAGER/EVENT COORDINATOR OR VENDOR, IF PROVIDING FULLY OPERATIONAL SERVICING AREA ON SITE)

☐ I (vendor) will provide my own servicing area that is fully compliant with all applicable regulations as provided in NJAC 8:24. This would include (but not be limited to), proper wash/rinse/sanitize area, handwash area, garbage containers, electric power source, refrigeration, all receipts for food items and source, location of nearest restroom facility, sanitizing equipment for utensils, hot/cold holding, thermometers, etc.

☐ Items and equipment for servicing to be provided by the event management and includes the following (check all that apply):

☐ Equipment provided for temporary vendor/operator to prepare food at the event location
☐ Equipment provided for temporary vendor/operator to provide storage for the temporary unit at the event location
☐ Equipment provided utility Service (i.e. electric hook-up) for temporary unit while in storage at event location.
☐ Equipment-provided refrigerated storage of perishable foods (raw fruits & vegetables, etc.)
☐ Equipment-provided refrigerated storage of potentially hazardous food (raw or cooked meat, shellfish, dairy, cooked vegetables, raw seeds or sprouts, cut melons, non-acidified garlic and oil mixtures, etc.)
☐ Equipment provided area for storage of non-hazardous foods, utensils and equipment
☐ Equipment provided 3-Compartment sink for washing, rinsing and sanitizing of food contact surfaces
☐ Equipment provided trash and garbage disposal
☐ Equipment provided waste water disposal
☐ Equipment provided grease and oil disposal

(I understand that I am ultimately responsible for providing all equipment, utensils and methods pertaining to my temporary food establishment, even if the event has indicated it will provide all items necessary.)

The temporary food establishment reports to the servicing area (check all that apply):

☐ Beginning of the day ☐ End of the day ☐ Other Date

☐ Time ___________ Time ___________ ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

I hereby certify that the above listed information is correct. I also understand that the home preparation and storage of food and cleaning of utensils used in this mobile operation is prohibited as per NJAC 8:24-3.1 and 8:24-3.2 and is subject to penalties, fines and possible license forfeiture. If any changes in my operation occur, I agree to notify the Ocean County Health Department immediately.

Servicing Area Owner/Operator (print) ___________________ Date __________
Servicing Area Owner/Operator (signature) ___________________

Temporary Owner/Operator (print) ___________________ Date __________
Temporary Owner/Operator (signature) ___________________

The Ocean County Health Department (OCHD) reserves the right to deny the application for a temporary retail food establishment for any reason that would imply or indicate that proper public health protection will not be met by the operation of this facility. OCHD may also require additional information and documentation in addition to this application for this purpose.
Mobile retail food: Any moveable unit in or on which food or beverage is stored, prepared or transported for retail sale or given away at temporary locations. Self contained mobile unit inspections are conducted at the health department office and at your servicing area. Inspections are valid until December 31, 2014.

Temporary event retail food establishment: A mobile retail food establishment that operates for a period of no more than 14 consecutive days in conjunction with a single event of celebration. This application must be submitted and approved at least 7 days prior to the event. An on site inspection at the event is performed one hour prior to the start of the event when possible. Approvals expire in 14 days OR at the end of the event. An application amendment may be submitted for future events.

BELOW SECTION IS FOR OFFICIAL USE ONLY:

APPROVED DATE: ___________________ EXPIRATION DATE: __________

Classified Risk Type: □ Risk 1 □ Risk 2 □ Risk 3 (operations at service area only)

Approval Restrictions: __________________________

__________________________ Inspector: __________________________ Approval effective date: __________

REJECTED DATE: __________

Classified Risk Type: □ Risk 1 □ Risk 2 □ Risk 3 (operations at service area only)

Reasons for rejection: __________________________

__________________________ Inspector: __________________________