



Garfield Health Department

60 Elizabeth Street
Garfield, NJ 07026
Fax: (973)-772-7721
Phone: (973)-340-3340



Dear Special Event Food Vendor:

Enclosed are temporary event license application and information that potential food vendors can use to apply for temporary food establishment licenses for use during special events that will be held in Garfield.

Vendor applications should be accompanied with a written description of their proposed operation. The description should include a menu and or list of all food items that are proposed for sale, where this food will be purchased, and a description of where and how the food will be prepared and served.

Potentially hazardous foods (those that are in whole or in part made from meat, fish, milk products or eggs) which require advanced preparation before cooking and or serving, may not be prepared at home. All vendors should read and must follow Chapter 8:24 which can be found at the following Internet address

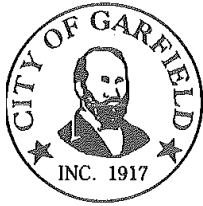
http://www.state.nj.us/health/eahidocuments/chapter24_effective_1207.pdf

The fee for a temporary food establishment license is \$50.00 per vendor booth, cart, table, etc. Checks should be made payable to the Garfield Health Department.

Temporary food establishment license applications should be submitted to the Health Department at least two weeks prior to the date of the event, to allow time for processing. Vendors, who have made a license application, will receive a pre-operational sanitary inspection and their license, immediately prior to the event. For further information, contact Sanitary Inspector, Halina Dabrowska at (973) 340-3340.

Very truly yours,

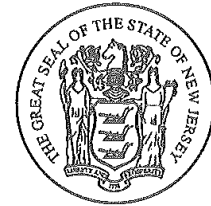
Halina Dabrowska, REHS



TEL: (973) 340-3340

City of Garfield

HEALTH DEPARTMENT
60 ELIZABETH STREET
GARFIELD, NEW JERSEY 07026
www.garfieldnj.org



FAX: (973) 772-7721

Temporary Health License Application SPECIAL EVENT

Person in charge _____ Phone: _____

Business Owner _____

Name of the Business _____

Address _____

Email _____ CellPhone _____

Date and Time of Event _____

Name of Event _____

Type of Business: () Catering Truck () Mobile Truck with Kitchen () Ice Cream Truck
() Other _____

Description of food to be sold _____

Vehicle License Plate Number _____

The following shall be submitted with the application:

***Food Handling Certification**

***Copy of vehicle registration**

***Copy of most recent inspection report and inspection placard POSTED from licensed municipality**

**– CODE REQUIREMENTS MUST BE MET FOR APPROVAL –
City of Garfield Ord: 2900; Ch:150 “Mobile Food Vendors”**

Halina Dabrowska, Health Inspector

Temporary Health License Fee- \$50.00