

KENILWORTH BOARD OF HEALTH

575 Boulevard, Kenilworth, NJ 07033 • Tel. (908) 276-2740 • Fax: (908) 276-4813

Application For Temporary License to Operate

TEMPORARY LICENSE - RISK TYPE: _____ FEE: _____

(Risk Type & Fee Determined by Health Department Only – Do Not Change)

INCIDENTALS: _____ FEE: _____

TOTAL AMOUNT: \$ _____ **PAYABLE TO: BOROUGH OF KENILWORTH**

COMPANY: _____ CONTACT PERSON: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE#: _____ CELL#: _____

EVENT NAME & LOCATION: _____

TYPE OF EVENT: _____ DATE OF EVENT: _____

IF MOBILE UNIT, LICENSE PLATE: _____ TYPE OF FOOD SERVICE: _____

ARE YOU PRESENTLY LICENSED FOR PROPOSED FOOD OPERATION: YES _____ NO _____

SUBMIT COPY OF CURRENT MENU

**SANITAION INSPECTION FOR MOBIL UNIT AND COMMISSARY RETAIL FOOD KITCHEN
& FOOD HANDLERS / FOOD SAFETY MANAGER CERTIFICATION**

HOW WILL PERSHABLE FOODS BE KEPT COLD BEFORE & DURING EVENT (41 DEGREES OR BELOW)?

HOW WILL HOT FOODS BE KEPT ABOVE 135 DEGREES? _____

HOW WILL FOODS BE TRANSPORTED? _____

HOW WILL GARBAGE BE KEPT? _____

WHAT TYPE OF HAND WASHING FACILITIES WILL BE UTILIZED? _____

LOCATION OF BATHROOM FACILITIES TO BE USED? _____

LIST FOOD & DRINK SUPPLIERS

Type of Food

Name, Address and Phone Number of Supplier

<u>Type of Food</u>	<u>Name, Address and Phone Number of Supplier</u>
_____	_____
_____	_____
_____	_____

(Continue your list on the reverse side of this application).

You are required to forward all documents filled to completion to this office along with fee as determined by Health department. Along with any other requested items. Thank you for your cooperation.

I/We hereby make this application for the license(s) marked above and agree to conduct the aforementioned establishment/unit in compliance with the New Jersey State Sanitary Code and the Sanitary Code of the Borough of Kenilworth. I/We understand that if compliance is not met, or aforementioned establishment has misrepresented itself in this application, participation in the above event may be revoked, and no refund will be provided.

SIGNITURE OF APPLICANT _____

(DATE

-----**DO NOT WRITE BELOW THIS LINE**-----

LICENSE# _____

DATE _____

PAYMENT: check [] cash [] money order []

EQUIPMENT LIST – Identify equipment used in your temporary food establishment. Check all boxes that apply.

<p align="center">Handwash station</p> <input type="checkbox"/> 5-gallon insulated container with continuous flow spigot & 5 gallon catch bucket <input type="checkbox"/> Plumb hand sink <input type="checkbox"/> Warm water <input type="checkbox"/> Liquid pump hand soap & paper towels	<p align="center">Cooking/reheating equipment</p> <input type="checkbox"/> Grill/BBQ <input type="checkbox"/> Fryer <input type="checkbox"/> Smoker <input type="checkbox"/> Oven <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<p align="center">Cold/hot holding equipment</p> <input type="checkbox"/> Ice Chest Source of Ice _____ <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer <input type="checkbox"/> Grill/BBQ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
<p align="center">Temperature monitoring</p> <input type="checkbox"/> Thin-probe stem thermometer(s) <input type="checkbox"/> Indicating thermometer(s) <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<p align="center">Sanitization</p> <input type="checkbox"/> 3 Compartment Sink <input type="checkbox"/> 3 Portable tubs <input type="checkbox"/> Bucket & wiping cloths <input type="checkbox"/> Bleach test strips <input type="checkbox"/> Other _____	<p align="center">Food & equipment protection</p> <input type="checkbox"/> Canopy/tent <input type="checkbox"/> Tarp <input type="checkbox"/> Shelving/pallets <input type="checkbox"/> Sneeze guard <input type="checkbox"/> Foil/plastic wrap <input type="checkbox"/> Other _____
<p align="center">Food handler hygiene</p> <input type="checkbox"/> Clean shirt/apron <input type="checkbox"/> Hair restraint/Hat <input type="checkbox"/> Disposable gloves <input type="checkbox"/> Serving tongs <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<p align="center">Waste disposal</p> <input type="checkbox"/> Trash receptacles <input type="checkbox"/> Wastewater receptacles <input type="checkbox"/> Grease receptacles <input type="checkbox"/> Other _____ <p>**Wastewater & grease must be properly disposed of. Disposing onto the surface of ground and/or the storm drain is not permitted, and may result in court summons being issued **</p>	<p align="center">Other</p> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

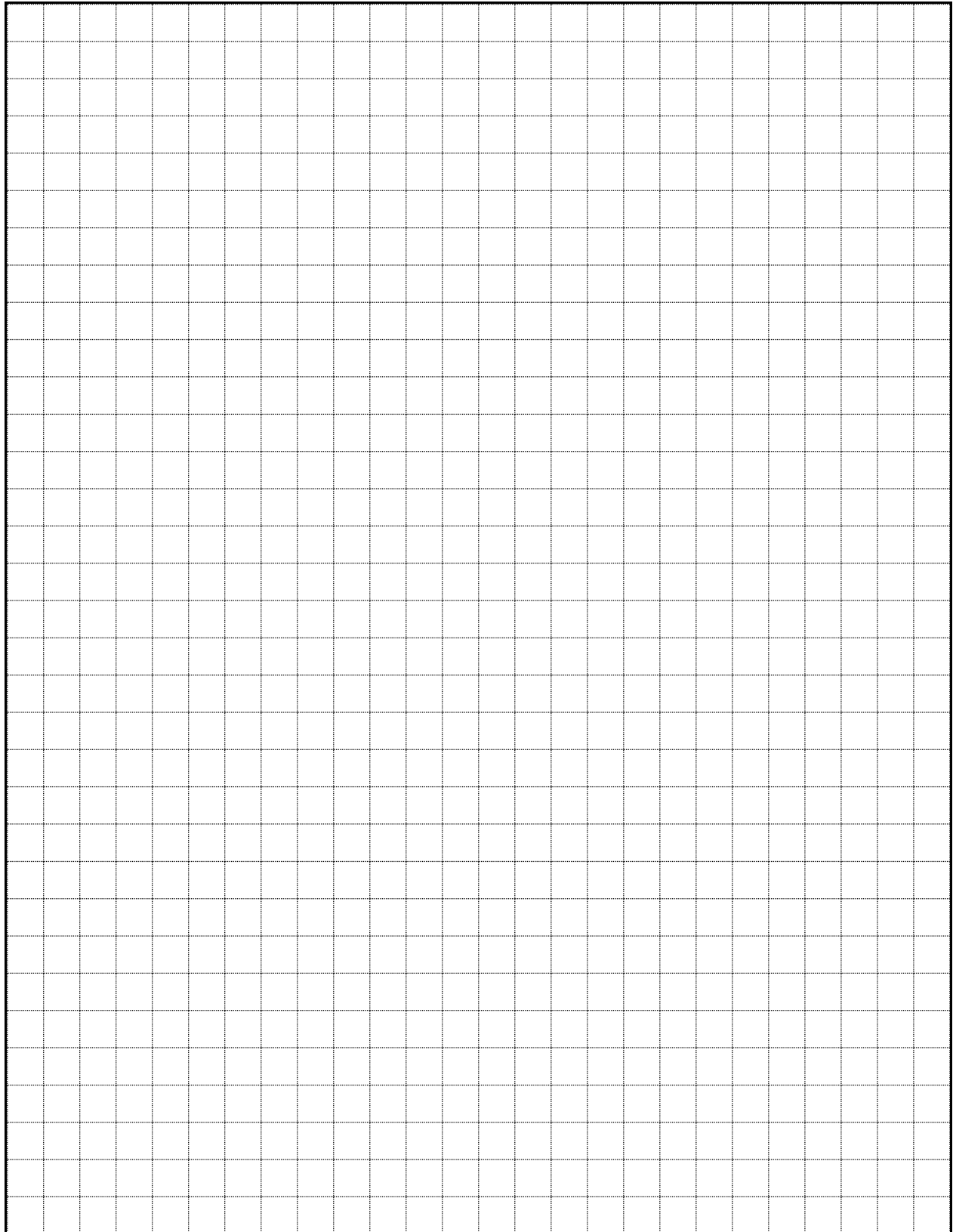
STATEMENT: I hereby certify that all information provided above is correct, and I fully understand that any deviation from the information provided without prior from Borough of Kenilworth’s Board of Health may nullify finally approval and/or loss of permission to participate at the given event with no refund of fee provided. I further agree to comply with all temporary retail food establishment requirements

Applicant Printed name: _____ Signature: _____
 Position in Organization: _____ Date: _____ / _____ / _____

For Office Use Only	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____ Inspector: _____
Reasons/ Restrictions:	_____

TEMPORARY FOOD ESTABLISHMENT FLOOR PLAN DIAGRAM

Please show label all equipment to be used, such as handwash station, cold and hot holding equipment, cooking and reheating equipment, ware washing station tables, floor /overhead coverage, and storage area.



MENU & FOOD PREPARTION

Pleas list food & beverage items that you are planning to serve. If a section is no applicable. Indicated with “N/A” in the box.
Use additional sheets as may be necessary.

All food and beverages must be purchase from an approved source. Food and/or beverages prepared in a private home are not permitted to be used or offered for consumption. Only exception being those licensed by NJDOH as a Cottage Food Operator, where said Operator is selling direct to the public as outlined by § 8:24-11.3 of NJ Sanitation code. Offsite facilities must be licensed and regularly inspected. Provide a copy of most recent copy of offsite facility inspection with application.

Any menu changes must be submitted and approved by Kenilworth Borough Board of Health at minimum 2 business days prior to the event date.

***** WORKING THERMOMETERS ARE REQUIRED TO MONITOR FOOD COOKING TEMPERATURS & HOT/COLD HOLDING TEMPERATURES*****

FOOD / BEVERAGE ITEM	PREP ONSITE OR OFFSITE* FACILITY	TRANSPORT HOT OR COLD? HOW TRANSPORTED?	COLD HOLDING EQUIPMENT USED? (41°F OR BELOW)	COOKING/REHEATING EQUIPMENT USED? FINAL COOKING REHEAT TEMPERATURE?	HOT HOLDING EQUIPMENT USED? (140°F OR ABOVE)	HOW ARE YOU PREVENTING CROSS CONTAMINATION	HOW ARE YOU PREVENTING BARE-HAND CONTACT?
Example row: Hamburger	Onsite	Cold: Ice Chest	Refrigerator with indicating thermometer	Grill to 155°F Check wit Thin probe stem thermometer	Grill/Steam table	Designated worker only handling raw meats	Gloves/tongs

*Name & location of off-site facilities used:	
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