

Riverdale Health Department Universal License Application

Establishment T/A: _____

Establishment Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____ e-mail: _____

Owner: _____

Address: _____ Telephone #: _____

City: _____ State: _____ Zip Code: _____

Please mark (x) the appropriate license class which applies and submit fee. **Checks must be made payable to:**

Pequannock Township (or they will be returned.) Mail: 530 Turnpike, Pompton Plains, N.J. 07444

<p>Retail Food Establishments</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><input type="checkbox"/> Risk 1</p> <p><input type="checkbox"/> <6,000 sq. ft. \$100.00</p> <p><input type="checkbox"/> ≥6,000-50,000 sq. ft. \$200.00</p> <p><input type="checkbox"/> ≥50,000 sq. ft. \$400.00</p> <p><input type="checkbox"/> Risk 2</p> <p><input type="checkbox"/> <6,000 sq. ft. \$100.00</p> <p><input type="checkbox"/> ≥6,000-50,000 sq. ft. \$200.00</p> <p><input type="checkbox"/> ≥50,000 sq. ft. \$400.00</p> </td> <td style="width: 50%; vertical-align: top;"> <p><input type="checkbox"/> Risk 3</p> <p><input type="checkbox"/> <6,000 sq. ft. \$100.00</p> <p><input type="checkbox"/> ≥6,000-50,000 sq. ft. \$200.00</p> <p><input type="checkbox"/> ≥50,000 sq. ft. \$400.00</p> <p><input type="checkbox"/> Risk 4</p> <p><input type="checkbox"/> <6,000 sq. ft. \$100.00</p> <p><input type="checkbox"/> ≥6,000-50,000 sq. ft. \$200.00</p> <p><input type="checkbox"/> ≥50,000 sq. ft. \$400.00</p> </td> </tr> </table>	<p><input type="checkbox"/> Risk 1</p> <p><input type="checkbox"/> <6,000 sq. ft. \$100.00</p> <p><input type="checkbox"/> ≥6,000-50,000 sq. ft. \$200.00</p> <p><input type="checkbox"/> ≥50,000 sq. ft. \$400.00</p> <p><input type="checkbox"/> Risk 2</p> <p><input type="checkbox"/> <6,000 sq. ft. \$100.00</p> <p><input type="checkbox"/> ≥6,000-50,000 sq. ft. \$200.00</p> <p><input type="checkbox"/> ≥50,000 sq. ft. \$400.00</p>	<p><input type="checkbox"/> Risk 3</p> <p><input type="checkbox"/> <6,000 sq. ft. \$100.00</p> <p><input type="checkbox"/> ≥6,000-50,000 sq. ft. \$200.00</p> <p><input type="checkbox"/> ≥50,000 sq. ft. \$400.00</p> <p><input type="checkbox"/> Risk 4</p> <p><input type="checkbox"/> <6,000 sq. ft. \$100.00</p> <p><input type="checkbox"/> ≥6,000-50,000 sq. ft. \$200.00</p> <p><input type="checkbox"/> ≥50,000 sq. ft. \$400.00</p>	<p><input type="checkbox"/> Nonprofit \$ 0.00</p> <p><input type="checkbox"/> Mobil Food \$150.00</p> <p><input type="checkbox"/> Vending (see chart below)</p>
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Recreational Bathing License	
<input type="checkbox"/> Bathing Beach	\$400.00
<input type="checkbox"/> Hot Tub/Spa	\$ 50.00
<input type="checkbox"/> Swimming Pool	\$ 275.00
<input type="checkbox"/> Wading Pool	\$ 50.00
Kennel/Pet Shop License	
<input type="checkbox"/> Pet Shop	\$ 10.00
<input type="checkbox"/> Kennel <11 Dogs	\$ 10.00
<input type="checkbox"/> Kennel >10 Dogs	\$ 25.00
Body Art Annual Renewal	
<input type="checkbox"/> Tattoo	\$100.00
<input type="checkbox"/> Permanent Cosmetics	\$100.00
<input type="checkbox"/> Body Piercing	\$ 50.00

Vending Type	Number	Fee	Total Fee
Prepackaged		\$20.00	
Gum Ball		\$ 5.00	
All Others		\$40.00	
Location of Vending Machine(s)			

<input type="checkbox"/> Temporary	\$ 50.00
(<=21 days) Dates: _____	
Time: _____	
Name of Event: _____	
More space on back of form	

All licenses expire on December 31st of the year in which it is issued and is not transferable. This license may be revoked by action of the Board of Health for failure to comply with applicable State and Local Standards.

Signature of Owner/Agent _____
Date: _____

Office Use Only:	
Date: _____	
License # _____	<input type="checkbox"/> Check #
Fee Paid _____	<input type="checkbox"/> Cash

Up to 21 Days of Events May Be Attended With 1 License.

All events must be listed at time of licensing.

Name of Event: _____

Location: _____

Date: _____

Time: _____

Name of Event: _____

Location: _____

Date: _____

Time: _____

Name of Event: _____

Location: _____

Date of: _____

Time: _____

Name of Event: _____

Location: _____

Date: _____

Time: _____

Name of Event: _____

Location: _____

Date: _____

Time: _____

Name of Event: _____

Location: _____

Date: _____

Time: _____

Name of Event: _____

Location: _____

Date: _____

Time: _____

TEMPORARY FOOD EVENT PERMIT PACKET

INSTRUCTIONS TO FOOD VENDORS

IMPORTANT:

No applications will be accepted by this office directly from vendors. Completed Applications, Temporary Food Event Permit Packets and Checks **"MUST"** be submitted to the Event Organizer for submission. The Event Organizer is required to submit all completed paperwork at least two (2) weeks before the event. Once submission is made no additional applications will be accepted.

REQUIREMENTS

Refer to the New Jersey N.J.A.C. 8:24 "Sanitation in Retail Food Establishment and Food and Beverage Vending Machines." All temporary food events require prior approval from the Health Department. ***In addition, if any cooking is to take place, the event may also require Fire Department approval prior to the event.*** The use of any tents may require Building Department approval. Contact them directly to determine specific requirements.

TEMPORARY FOOD PERMITS

- Submit a completed "Application for Temporary Food Permit" and applicable fees.
- Applications and fees must be submitted to the **"Event Organizer"**.
- Make checks payable to: **Pequannock Township**
- If approved, the Temporary Food Permit will be issued by the Registered Environmental Health Specialist (REHS) on the day of the event; and
- The original permit must be posted when operating.

NON-PROFIT CHARITABLE ORGANIZATIONS

- A permit application is required;
- Non-profit vendors are exempt from permit fees; and
- Submit proof of non-profit status: Federal IRS 501(c)3 is the standard letter.

MOBILE FOOD VENDORS

- Mobil food vendors may operate at temporary events if they hold a license for the town the temporary event is taking place in.

QUESTIONS

If you have questions regarding Temporary Events, contact the appropriate inspector:

Inspector	Phone	Email	Towns Served
Cathy Cappuccia, REHS	973-835-5700 x112	ccappuccia@peqtwp.org	Bloomington
Gina McConeghy, REHS	973-835-5700 x166	gmcconeghy@peqtwp.org	Boonton
Antonino Intili, REHS	973-835-5700 x197	aintili@peqtwp.org	Florham Park
Tim Zachok, Senior REHS	973-835-5700 x197	tzachok@peqtwp.org	Kinnelon
	FAX:973-835-4328		Pequannock
			Riverdale

Organization*: _____ **Phone:** _____

Address: _____

*If non-profit, provide **IRS Exempt Registration Number** _____

A copy of the 501(c)3 letter **must** be included with application. Is the letter included? Y or N

Person in charge: _____ **Phone:** _____

Event Name: _____

Up to seven temporary events can be listed on the back of the application page per license

Event Dates: _____ **Hours:** _____

Up to seven temporary events can be listed on the back of the application page per license

Event Organizer: _____ **Phone:** _____

MENU (List all food items, including toppings and beverages)

Food Item	How Served		Made to Order		Off-site Prep		On site Prep		Describe Preparation Method
	Hot	Cold	Yes	No	Yes	No	Yes	No	

APPROVED SOURCES (8:24-3.2)

Food must be obtained from a source, which is in compliance with applicable State and local laws and regulations. Foods stored, handled or prepared at home are prohibited from being **used** or offered for sale at a Temporary Food Event. All foods must be prepared in a licensed food facility.

Exception: Non-potentially hazardous home prepared foods permitted with a Cottage Permit

“This food is prepared pursuant to N.J.A.C. 8:24-11 in a home kitchen that has not been inspected by the Department of Health”

Exception: Non-profit charitable organizations, who have submitted proper Federal IRS 501(c)3 documentation, are permitted to sell non-potentially hazardous baked goods, provided the following verbiage is posted at the point of display:

“THESE ITEMS WERE PREPARED IN A KITCHEN THAT IS NOT SUBJECT TO LICENSING OR INSPECTION BY THE LOCAL HEALTH AUTHORITY”

Cold and Hot Holding:

Describe how food will be maintained at 41° F or below and 135° F or above at all times during:

Transport to the event: _____

Preparation: _____

Display: _____

Hot & Cold Unit Storage _____

ALL LEFTOVER PREPARED FOODS MUST BE DISCARDED

Identify equipment used in the temporary food facility:

<p>Required hand wash station for all open foods</p> <p><input type="checkbox"/> 5 gallon insulated container with free flow spigot and catch bucket, liquid hand soap and paper towels</p> <p><input type="checkbox"/> Hand sink with cold hot running water, liquid hand soap and paper towels</p>	<p>Required Equipment:</p> <p><input type="checkbox"/> Thermometers in each cold holding unit</p> <p><input type="checkbox"/> Thin-probe thermometer to test prepared food temperature</p> <p><input type="checkbox"/> Disposable gloves</p> <p><input type="checkbox"/> Waste containers</p> <p><input type="checkbox"/> Sanitizer test kit</p> <p>Power Source:</p> <p><input type="checkbox"/> Electric</p> <p><input type="checkbox"/> Generator</p> <p><input type="checkbox"/> Propane</p> <p>**The use of a gasoline generator, propane tanks or any combustable material will also require a Permit with the Fire Prevention Bureau</p>	<p>Cold Holding Equipment</p> <p><input type="checkbox"/> Ice chest with ice packs</p> <p><input type="checkbox"/> Ice chest with drained ice</p> <p><input type="checkbox"/> Refrigerator</p> <p><input type="checkbox"/> Refrigerated truck</p> <p><input type="checkbox"/> Freezer</p> <p><input type="checkbox"/> Freezer truck</p> <p><input type="checkbox"/> Dry ice</p> <p>Hot Holding Equipment</p> <p><input type="checkbox"/> Oven / stove</p> <p><input type="checkbox"/> Barbecue grill / charcoal</p> <p><input type="checkbox"/> Gas grill</p> <p><input type="checkbox"/> Deep fryer</p> <p><input type="checkbox"/> Smoker</p> <p><input type="checkbox"/> Steam table</p> <p><input type="checkbox"/> Wood fire</p> <p><input type="checkbox"/> Other</p>
<p><input type="checkbox"/> Hand sanitizer allowed for pre-packaged food vendors only</p>		
<p>Sanitation if preparing foods</p> <p><input type="checkbox"/> 3-Compartment sink with hot and cold running water</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> 3 large pans with potable water</p> <p style="text-align: center;">-----AND-----</p> <p><input type="checkbox"/> Bucket with sanitizer and wiping cloth</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Spray bottle with sanitizer</p>		

Required Submittals:

- Copy of **Food Protection Managers Certification (Risk 3)** advanced preparation of foods
- Copy of **Food License and Inspection Report** or **Inspection Rating Placard** for Commissary
- Copy of **Food License and Inspection Report** or **Inspection Rating Placard** for Food Vendor Business from Health Authority
- A **Menu** of items to be sold
 - **If you have a Cottage Food License, it must be posted with the list of items that you are approved to prepare and sell.**

**UTENSIL WASHING FACILITIES (NOT a hand washing station)
Where will your food prep utensils be cleaned and sanitized?**

- Provided by organizer
- Other (specify): _____

TEMPERATURE CONTROL

How will you provide temperature control on location?

- a) Cold-holding devices (i.e., refrigerator, freezer, ice chest) must be capable of holding food 41°F or below.
Describe: _____
- b) Cooking temperatures must be 145°F for fish, meat & pork, 155°F for ground meat and 165°F for poultry and stuffed meat. **A proper thermometer is required (thin probe for thin foods)**
- c) Rapid reheating/cooking devices (i.e., oven, grill, microwave) must be capable of reheating food to 165°F within 2 hours. Steam tables, heat lamps, sternos and crock-pots are not designed as rapid reheating units.
Describe: _____
- d) Hot-holding devices (i.e. steam table, heat lamp) must be capable of holding food above 135°F.
Describe: _____
- e) How will you provide temperature control during transport to the event?
Describe: _____

HAND WASHING FACILITIES (NOT for utensil washing)

Each operator must have their own hand washing station. Examples are provided at the end of this packet. Describe your hand washing facilities: _____

The following must comply with local/state regulations:

- Garbage storage/removal
- Potable water obtained from approved source
- Proper disposal of wastewater

Signature(s): _____

Print Name(s): _____

Date of submission: _____

*****TO BE COMPLETED BY HEALTH DEPARTMENT ONLY*****

Application approved: Yes No

REHS Signature: _____

Date: _____

FOOD VENDOR GUIDELINES

APPROVED SOURCES (8:24-3.2)

Food must be obtained from a source, which is in compliance with applicable State and local laws and regulations. ***Foods stored, handled or prepared at home are prohibited from being used or offered for sale at a Temporary Food Event. All foods must be prepared in a licensed food facility.***

FOOD PREPARATION AT COMMUNITY EVENTS (8:24-3.3)

- All food preparation must be conducted within the Temporary Food Facility (TFF) or other approved facility.
- BBQ's, grills or other equipment approved for outdoor cooking may be located adjacent to the TFF, and must be separated from public access by using ropes or other methods suitable to protect food from contamination and public from injury.
- Contact the fire and building departments for other restrictions/requirements on types of equipment allowed.

HOLDING TEMPERATURES FOR POTENTIALLY HAZARDOUS FOODS (8:24-3.4)

Potentially Hazardous Foods (PHF) consist of animal products containing milk products, eggs, meat, poultry, fish or shellfish, cooked vegetables, soups, salads (macaroni, potato, egg, tuna, chicken, etc.), cut melon, cream pies, etc.

- Cold foods must be kept at 41°F or less
- Hot foods must be kept at 135°F or above

CONSUMER UTENSILS (8:24-3.30)

- Provide only single-use utensils for customer use.

ICE (8:24-3.3)

- Ice used for refrigeration purposes cannot be used for consumption in food or beverages.

WAREWASHING FACILITIES (8:24-4.7)

- TFF's that prepare open foods must have available a method for sanitizing and drain boards for storing cleaned equipment and utensils. The first compartment shall hold soapy water, the second shall hold rinse water, and the third shall hold a sanitizing solution (bleach/water). **Test strips must be available in order to check sanitizer concentration.**



CONDIMENTS

Condiment containers (ketchup, mustard, onions, relish) shall be a pump type, squeeze container, or have covers/lids to protect contents. Single service packets are recommended.

STORAGE and DISPLAY OF FOOD, UTENSILS and RELATED ITEMS (8:24-3.3)

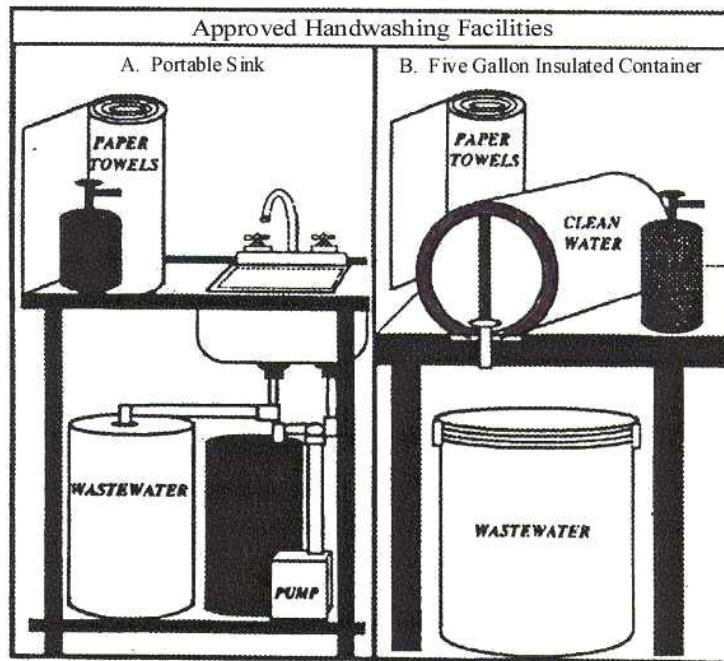
- Store all foods and utensils at least 6-inches off the ground.
- When on display, food must be protected from contamination, exposure to the elements, rodents and other vermin.

FOOD HANDLING

- Bare hand contact must be eliminated at all times when handling ready-to-eat foods. Gloves, tongs, deli tissue are acceptable barriers.
- Eating, drinking, cell phone use within a food preparation area is not allowed. A food handler may drink from a closed beverage container if the container has a lid and straw to prevent contamination of the employee's hands, the container, open food and food contact surfaces.
- Smoking is prohibited.

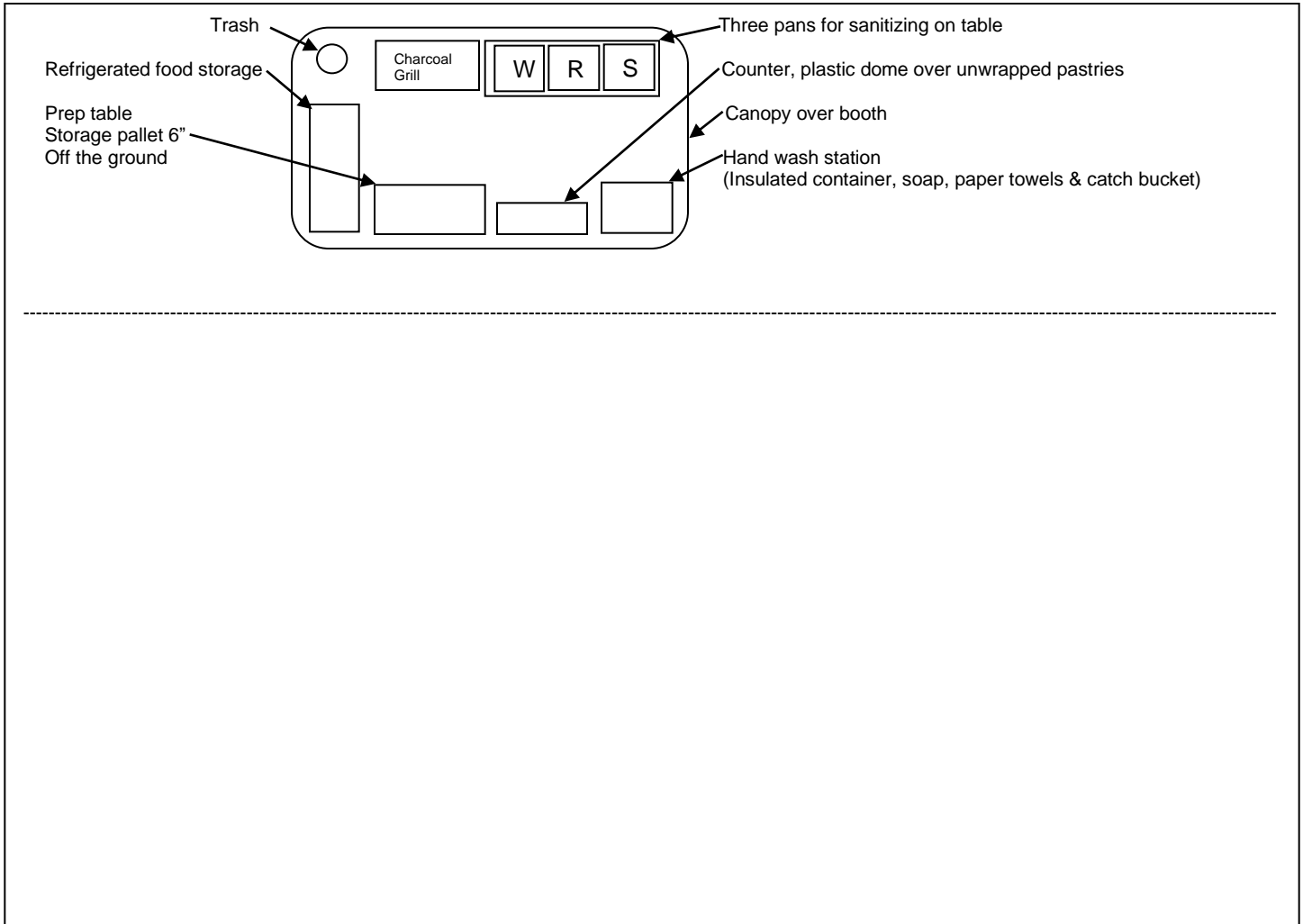
ALTERNATE HANDWASHING FACILITIES

- Handwashing facilities must be provided at each TFF stocked with the following:
 - A minimum five (5) gallon insulated container capable of providing a continuous stream of warm water that leaves both hands free to allow vigorous rubbing with soap and warm water for 20 seconds.
 - Provide a catch basin to collect wastewater, and properly dispose of all wastewater.
 - Provide soap and single-use paper towels.
 - Provide a trash can for towel waste.



Food Area Layout:

Provide a sketch of the service operation in the space provided below. Include all relative items such as equipment, cooking area, handwash facilities, ware-washing and sanitizing area, storage, etc. Label all equipment as shown in the example below. All vendors **MUST** provide a sketch.



Note: NO LICENSE SHALL BE TRANSFERABLE. LICENSES MAY BE SUSPENDED OR REVOKED BY THE HEALTH DEPARTMENT UPON VIOLATION OF PURPOSES, INTENT AND PROVISIONS OF CHAPTER 24 OF THE STATE SANITARY CODE, THE SOLID WASTE CODE, OTHER ORDINANCES OF THE HEALTH DEPARTMENT, OTHER ORDINANCES OF THE MUNICIPALITY AND STATUTORY LAWS OF THE STATE OF NEW JERSEY RELATING TO THE CONDUCT OF SUCH BUSINESS.

BY CONSIDERATION OF SUCH LICENSE, I HEREBY AGREE TO CONDUCT THE SAID PREMISES IN CONFORMANCE WITH THE PURPOSES, INTENT AND PROVISIONS OF THE ABOVE-MENTIONED CODES OR ORDINANCES STATED HEREIN

I HEREBY CERTIFY THAT THE ABOVE LISTED INFORMATION IS CORRECT. I ALSO UNDERSTAND THAT THE HOME PREPARATION AND STORAGE OF FOOD OR THE CLEANING OF EQUIPMENT OR UTENSILS USED IN THE OPERATION IS PROHIBITED AS PER N.J.A.C. 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 HEALTH DEPARTMENT IMMEDIATELY.

Signature of Applicant

Date

COMMISSARY and/or WAREWASH FACILITY AGREEMENT

Commissary/Warewashing Name: _____ Phone #: _____

Owner Name: _____

Address: _____

Phone #: _____ Fax #: _____

Mr./Ms. _____ has my permission to use my licensed and inspected food facility located at _____

for the purposes of establishing a commissary/headquarters/ware-washing for their mobile food, catering or food processing business.

This permission (please check all that apply) **DOES** include the use of these premises for:

- Food storage
- Food preparation
- Maintenance of supplies
- Storage of mobile food unit
- Ware-washing

Signature _____ Date _____

Most recent inspection report from this establishment must be included

*****TO BE COMPLETED BY HEALTH DEPARTMENT ONLY*****

VERIFICATION OF HEADQUARTERS Vending Yr: _____	
Current Local and/or State Permit: _____	Yes/No _____ Peddler Permit: Yes/No/NA _____
Verified by: _____	
OTHER AGENCY – Copy of Current Permit _____	Yes/No _____ Date of Approval: _____