



# TOWNSHIP OF BERKELEY HEIGHTS

29 Park Avenue  
Berkeley Heights, NJ 07922

Phone: (908) 464-2700  
Fax: (908) 464-5888

## APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT

Application must be received **15 days prior to event.**

Home-prepared foods and/or food prepared in an unlicensed and uninspected facility is NOT permitted for sale to the public. (N.J.A.C. 8:24-2.1C & 3.2-A-2).

Equipment and/or mobile truck must be in **clean and sanitary condition** prior to inspection.

DATE OF EVENT: \_\_\_\_\_ TIME OF EVENT: \_\_\_\_\_

ARRIVAL TIME FOR FOOD SERVICE SET UP: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

LOCATION OF EVENT (School, Fair, Park): \_\_\_\_\_

NAME OF BUSINESS / ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

TELEPHONE: (    ) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Food Items to Be Prepared On Site: \_\_\_\_\_  
\_\_\_\_\_

Additional Food Items to Be Served: \_\_\_\_\_  
\_\_\_\_\_

Where Will Food Be Purchased: \_\_\_\_\_

How Will Food Be Transported: \_\_\_\_\_

How Will Perishable Food Be Kept Below 41°F: \_\_\_\_\_

How Will Hot Food Be Kept Above 135°F: \_\_\_\_\_

**PERMIT FEES:**

- For Profit - \$25 per day
- Non-Profit = no fee



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How Will Service Utensils Be Clean and Sanitized: \_\_\_\_\_  
\_\_\_\_\_

Type of Hand Washing Facility Used: \_\_\_\_\_

How Will Trash and Waste Water Be Kept: \_\_\_\_\_  
\_\_\_\_\_

**Submit this application along with the following documentation to the Board of Health at least 15 days PRIOR to event:**

- Current Retail Food License From Base Of Operation
- Current Inspection Report And Or "Satisfactory Placard"
- Food Safety Certification

If Kitchen Not Owned:

- Commissary Agreement

Return completed application, documentation, & check (payable to "*Township of Berkeley Heights*") to:

**Board of Health  
Township of Berkeley Heights  
29 Park Avenue  
Berkeley Heights, NJ 07922**

**FOR OFFICIAL USE:**

**HEALTH DEPARTMENT:**

I Recommend: ( ) Approval ( ) Disapproval

- Payment Received \_\_\_\_\_
  - o Amount \$ \_\_\_\_\_
  - o Check # \_\_\_\_\_

\_\_\_\_\_  
Health Officer