

**CITY OF JERSEY CITY
DEPARTMENT OF HEALTH & HUMAN SERVICES/ENVIRONMENTAL HEALTH DIVISION**

APPLICATION FOR A TEMPORARY FOOD VENDOR

Event Name: _____ **Event Location:** _____

Event Coordinator: _____ **Date(s) of Event:** _____

Vendor Trade Name: _____

Name of Vendor Operator: _____

Street Address: _____

Mailing Address (if different): _____

City: _____ **State:** _____

Phone: _____ **E-mail address:** _____

Operational Information

1. Where will food be stored and/or prepared prior to the Event?

Name of Establishment: _____

Street Address: _____

City: _____ State: _____

Please Attach a Copy of the Establishment's most recent Sanitary Inspection Report

2. How will TCS* food temperatures be maintained during transport to the Event?

(i.e. Refrigerated vehicle, Insulated containers with ice, etc.)

3. Describe how Cold TCS food temperatures will be maintained (41°F or below) during the event?

(i.e. Refrigerator, Freezer, Insulated containers w/ice packs, Dry ice etc.)

4. What type(s) of Cooking equipment will be provided? ie. Fryolators, Grill (propane/ charcoal), Range, etc

5. How will Hot Foods be maintained at 135°F or above? (i.e. Steam tables, Warming cabinets, etc.)

*TCS means: "Time-Temperature Controlled for Safety" foods such as meat, poultry, dairy, eggs, and cooked vegetables, etc requiring temperature control to limit the pathogen growth.

6. Describe the handwashing facilities that will be provided: _____

7. Describe the equipment washing & sanitizing facilities that will be provided:

8. List all Food and Beverage items that will be served/ sold:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby certify that the above listed information is correct. I also understand that the home preparation and storage of food used in this temporary food establishment is prohibited. I acknowledge that all TCS foods will be maintained at required temperatures (cold at or below 41°F; or hot at or above 135°F) during transport to, and throughout the event, and that those TCS foods that are determined to be held out of the required temperatures are considered to be adulterated per N.J.S.A. 24:5-8 and subject to embargo and/or voluntary destruction on site.*

Vendor Applicant's Name:

Title:

Signature of Vendor Applicant

VENDOR: Please bring this completed application to the Licensing Office when you come to pay for permit.

City of Jersey City
 Department of Health & Human Services
 Environmental Health Division
 Dr. Martin Luther King, Jr. City Hall Annex
 1 Jackson Square Jersey City, NJ 07305
 201-547-6800 / 201-547-5285