



COUNTY OF BERGEN  
DEPARTMENT OF HEALTH  
Division of Environmental Health  
Office of Consumer Health  
220 East Ridgewood Avenue • Paramus, New Jersey 07652-4895  
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## TEMPORARY FOOD EVENT APPLICATION

### EVENT INFO

|  |                          |      |
|--|--------------------------|------|
| Event Name:                                | Date of Event:           |      |
| Time Vendor will be set up for inspection: | Time Frame of Event:     |      |
| Event Address:                             |                          |      |
| City:                                      | State:                   | ZIP: |
| Event Coordinator Name/Organization:       |                          |      |
| Event Coordinator Email:                   | Event Coordinator Phone: |      |

### VENDOR INFORMATION

|                             |   |      |
|-----------------------------|---|------|
| Business Owner/Entity Name: |   |      |
| Mailing Address:            |   |      |
| City:                       | State:  | ZIP: |
| Phone:                      | Email:  |      |
| Onsite Operator:            | Phone:  |      |
| Site set up:                | <input type="checkbox"/> Food Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Table <input type="checkbox"/> Tent <input type="checkbox"/> Other: _____ |      |

### FOOD PREPARATION

PLEASE NOTE: ANY FOOD PREPPED BEFORE THE EVENT MUST BE PREPARED IN A LICENSED, INSPECTED KITCHEN

|  |        |                     |        |
|--|--------|---------------------|--------|
| Where is food purchased? (maintain receipts for inspection):                   |        |                     |        |
| Where will food be prepared?:  |        |                     |        |
| If food is prepared at a commissary please fill out the following information: |        |                     |        |
| Commissary Name:   |        | Commissary Address: |        |
| City:  | State: | ZIP:                | Phone: |

# MENU INFORMATION

Menu Items to be served: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PRE-SCREENING DOCUMENTATION REQUIRED

Copies of the following items must be submitted with your application prior to the event:

1. Business License and Certificate of Insurance
2. Food Safety Program Certification
3. Last Inspection report
4. Commissary License – if applicable
5. Commissary Inspection report – if applicable
6. Photos of truck equipment and sinks – if applicable for truck or trailer

All stages of food activities require Health Department oversight. Commissary kitchen paperwork in another business name will not be accepted.

## FEES

I certify to the best of my knowledge that all information supplied is true and correct. I have received, read and understand "Requirements for Temporary Food Events." I understand that event participation approval is based on Health Department application review and vendor pre-screening.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only  
Reviewed and Approved by:

|  |  |
|--|--|
| Name:  | Date:  |
| Fee:   | Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check CK# _____ |
| Fee paid by: <input type="checkbox"/> Promoter <input type="checkbox"/> Directly |  |