

**HO-HO-KUS HEALTH  
333 WARREN AVE  
HO-HO-KUS, NJ 07423  
201-652-4400 EX. 221  
www.ho-ho-kusboro.com**

**Temporary Event License Application**

1. Filing of this application does NOT authorize the applicant to start operating; the application MUST be approved by the Health Department and a license MUST be issued. ALL information must be filled out.
2. The operator and employees must observe ALL applicable codes, ordinances, rules and regulations of the local Health Department and the NJ State Department of Health; and is subject to and must cooperate with periodic inspections.

**Temporary License Fee \$50.00**

**EVENT INFORMATION**

Event Name: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Event Time(s): \_\_\_\_\_

**LICENSEE INFORMATION**

Sponsoring Agency: \_\_\_\_\_

Sponsoring Agency Location: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

**CERTIFIED FOOD HANDLER INFORMATION (IF APPLICABLE)**

Name: \_\_\_\_\_ Expires: \_\_\_\_\_

Name: \_\_\_\_\_ Expires: \_\_\_\_\_

**FOOD INFORMATION**

**FOR EVENTS WHERE ONLY THE LICENSEE WILL BE PROVIDING THE FOOD:** List ALL foods and beverages to be served and where it will be obtained from.

**FOR EVENTS WITH INDEPENDENT FOOD VENDORS:** Please provide a list of vendors (mobile or non-mobile) that will sell food at the specific location along with a copy of their most current Health Department license. Use additional sheets if needed.

**"Please note" HOME PREPARED FOODS ARE PROHIBITED.**

\_\_\_\_\_

\_\_\_\_\_

Bare hand contact with ready to eat foods is prohibited. Please indicate the method that will be used to assemble, prepare and serve ready to eat foods. \_\_\_\_\_

\_\_\_\_\_

Facilities must be provided for workers to wash their hands. Please indicate how employees will be able to wash their hands. \_\_\_\_\_

\_\_\_\_\_

I am/we are aware of the requirements of the State and Municipal Board of Health regulations and agree to be governed thereby:

Print Name \_\_\_\_\_

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

*Please make checks payable to Borough of Ho-Ho-Kus*

**For Office Use Only**

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

Fee: \_\_\_\_\_

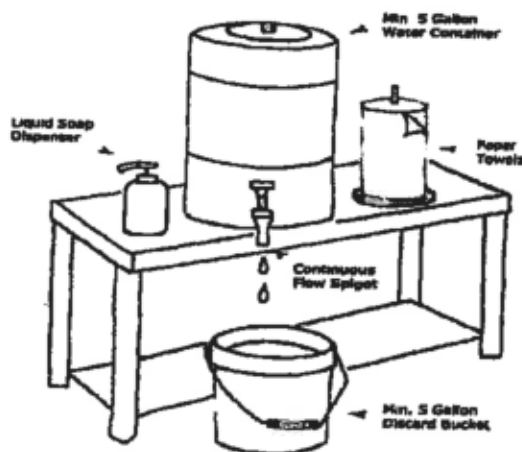
Cash: \_\_\_\_\_

Check #: \_\_\_\_\_

License # issued: \_\_\_\_\_

## HAND-WASHING & UTENSIL-WASHING REQUIREMENTS FOR TEMPORARY FOOD FACILITIES

Hand-washing facilities, separate from the utensil washing area, shall be provided. Hand-washing facilities shall be located within each temporary food stand and conform to the diagram below:



### Utensil Washing Facilities

Booths with food preparation require three (3) containers for the cleaning of equipment, utensils, and for general cleaning purposes. One shall contain soapy water, one shall have clean water for rinsing and the last a bleach/water solution for sanitizing.

**Note:** Additional facilities, such as a sink with running water, may be required when there is extensive food preparation or where water, power, and sewer connections are available.



Immerse into a sanitizer solution of 1 teaspoon of household bleach per gallon/ 50 - 100 ppm of water for 60 seconds, then air dry.