BOROUGH OF ORADELL

355 Kinderkamack Road
Oradell, NJ 07649
(201) 261-8200

Oradell Health Department
health@oradell.org

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: ☐ Food Truck ☐ Trailer ☐ Table ☐ Tent ☐ 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: ☐ Cash ☐ Money Order ☐ Check CK# _____	
Fee paid by: ☐ Promoter ☐ Directly	