



John E. Biegel, III
Health Officer
Director, Human Services



Clifton Health Department
Public Health
Prevent. Promote. Protect.

City of Clifton
Department of Health
900 Clifton Ave.
Clifton, NJ 07013



Phone: 973-470-5760
Fax: 973-470-5768
Email: jbiegel@cliftonnj.org

TEMPORARY FOOD ESTABLISHMENT LICENSE EVENT PACKET

VENDOR INSTRUCTIONS COVER SHEET

PLEASE READ REQUIREMENTS ENTIRELY

- **All events MUST have City Council approval first.**
- **Application must be filled out legibly and completely for EACH booth.**
- All vendors involved in temporary food establishment events are required to submit an “*Application for a Temporary Food License*”. As per City of Clifton Ordinance Chapter #367, all applications **MUST** be submitted two (2) weeks prior to the event . Failure to apply two (2) weeks prior to the event will result in your application being denied.
- Pay all applicable fees per calendar year:
2 TO 10 EVENTS \$125.00; 1 EVENT \$65.00; Non-Profit Organization \$0.00 for **EACH** booth.
- Non-profit charitable organizations **MUST** submit proof of non-profit status in order to be exempt from any applicable fees. Federal IRS 501(c)3 is the standard letter. Approval of No Fee must be approved by Health Officer and/or Senior REHS.
- All vendors are **REQUIRED** to receive approval from the Health Department prior to the event.
- A Temporary Food Establishment License is required of any person or organization that is providing food at a public event.
- All food vendors, including existing restaurants, are required to apply for and complete a Temporary Food Establishments License Application for **EACH** temporary event they choose to participate in.
- If approved, the Temporary Food Establishment License will be issued by the Department and the original permit **MUST** be posted when operating.
- Each Temporary Food Establishment License is good for 10 events during a calendar year.

SUBMITTING A TEMPORARY FOOD ESTABLISHMENT APPLICATION:

Applications can be mailed, submitted in person, or emailed, along with payment to:

City of Clifton Health Department
900 Clifton Avenue, Second Floor ,Clifton, NJ 07013
Phone: 973-470-5760
Fax: 973-470-5768
Email: health@cliftonnj.org

We accept cash, check, money order, debit/credit card; checks may be made payable to *City of Clifton*.

Office Hours: Monday - Friday: 8:15am - 4:15pm

If you have any questions regarding the Temporary Food Establishment License Application and/or its requirements please contact the Clifton Health Department.



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TEMPORARY FOOD ESTABLISHMENT LICENSE EVENT PACKET VENDOR APPLICATION

Fees Are Per Booth:

\$125.00 (2 to 10 events)

\$65.00 -(1 event)

\$0.00 - Non-Profit Organization

INSTRUCTIONS

1. Submit an application for **EACH** booth. (Please Print Clearly)
2. Submit Applications **2 WEEKS** prior to the event.
3. An application **must be** filled out for **each** event.*
4. The fee is acceptable for up to 10 events per license.
5. Foods stored, handled, or prepared in a private home are prohibited from being used or offered for sale. All foods must be prepared in a licensed food facility.

PLEASE COMPLETE ALL FIELDS. (PRINT CLEARLY)
INCOMPLETE APPLICATIONS WILL NOT BE APPROVED.

Name of Establishment: _____ **Phone:** _____

Address: _____

Email Address: _____

Person-in Charge: _____ **Phone:** _____

Name of Manager of Concession: _____ **Phone:** _____

Signature of Person Filing Application: _____

Type of Event to be Held: _____

Name of Event Being Held: _____

Event Address: _____

Event Dates of Operation*: _____ **Hours:** _____

Event Organizer: _____ **Phone:** _____

Event Organizer Email Address: _____

Food Truck _____ **Food Stand** _____ *(If Food Stand, see instructions for set up on next page)*

Commissary/Base of Operation Name: _____

Address: _____

Supply a copy of Satisfactory placard and last inspection report. Provide a Site Plan indicating the setup of equipment and facilities. A person in charge who is knowledgeable of the operation shall be present onsite at all times. The fee is per entity and non-transferable.



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Location Address: _____

Days/Date of Operation: _____

****Note:** There must always be a person in charge, who is knowledgeable and reasonable for the safety of the food.*

Provide (draw) a Site Plan indicating the setting up of Equipment and facilities in the box below.
(Note: not necessarily to scale)



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EVENT INFORMATION

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1. MENU: (List all food items, including toppings and beverages)

Food Item	How Served		Made to Order		Off-Site Prep		On-Site Prep		Describe Preparation Method
	Hot	Cold	Yes	No	Yes	No	Yes	No	



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ON SITE INFORMATION

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2. SOURCES: Where will each ingredient be obtained? (Meats, Poultry, Shellfish, Ice, Etc.)

ALL FOOD MUST BE OBTAINED FROM AN APPROVED SOURCE

Food Item	Source (Name of Company)



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PLEASE COMPLETE ALL FIELDS. INCOMPLETE APPLICATIONS WILL NOT BE APPROVED.

3. Will all foods be prepared/cooked at the temporary food establishment?

ALL FOOD PREPARATION MUST BE CONDUCTED AT A LICENSED FACILITY NOT A PRIVATE HOME

☐ YES

☐ NO (List all food items prepared or partially prepared offsite).

4. Will any foods be prepared at any other locations other than your base of operations?

☐ YES (Please provide a copy of the establishment's current Inspection Placard)
List foods and from where:

☐ NO

5. **TEMPERATURE CONTROL:** Describe how frozen, cold and hot foods will be transported to the temporary event.
(Be specific on the type of container and where in the vehicle)

FROZEN: _____

COLD: _____

HOT: _____

- Approximately how long will these foods spend in transit? _____

6. How will you provide temperature control on location?

A) Cold-holding devices (i.e., refrigerator, freezer, ice chest) must be capable of holding food at **41°F**

Describe: _____

B) Rapid reheating/cooking devices (i.e., oven, grill, microwave) must be capable of reheating food to **165°F**

Describe: _____

C) Hot-holding devices (i.e. steam table, heat lamp) must be capable of holding food above **135°F**

Describe: _____

7. How will food temperatures be monitored during the event? _____

- When and how often? _____
- Will you be logging these temperatures anywhere? (SEE ATTACHED TIME/TEMPERATURE LOG)

☐ YES (Logged Where?) _____

☐ NO



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ON SITE INFORMATION

PLEASE COMPLETE ALL FIELDS. INCOMPLETE APPLICATIONS WILL BE REJECTED.

8. WAREWASHING: UTENSIL WASHING FACILITIES (NOT a handwashing station)

Where will your food prep utensils be cleaned and sanitized?

- ☐ Provided by Event Organizer
- ☐ Other (specify): _____

9. HAND WASHING: HAND WASHING FACILITIES (NOT for utensil washing)

Each operator must have their own hand washing station. Examples are provided at the end of this packet.
Describe the location and set up of hand washing facilities to be used at the temporary food establishment.

(Proper hand washing facilities includes warm running water, soap, paper towels, a trash can and a container to catch the wastewater must be supplied).

10. AVAILABILITY OF FACILITIES

How will you dispose of your garbage?

- ☐ Provided by Event Organizer
- ☐ Other (specify): _____

Where will you get your potable water?

- ☐ Provided by Organizer
- ☐ Other (specify): _____

How will you dispose of your waste water?

- ☐ Provided by Organizer
- ☐ Other (specify): _____

Where are the restrooms located?

- ☐ Provided by Organizer
- ☐ Other (specify): _____



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Return this application two (2) weeks prior to the event. Once the application is approved, no changes can be made without approval by the Health Dept. Unauthorized changes may result in denial or revocation of your temporary food facility permit.

Statement: I attest that all of the information on this application is accurate to the best of my knowledge. I understand that licenses are non-transferable. By operating a business in the City of Clifton, I realize that legal action may be taken for non-compliance of State and local laws along with suspension and revocation of my Retail Food License.

I have read through the attached *Food Vendor Guidelines* and will adhere to the procedures set forth in the document. Failure to comply with these rules and regulations may result in legal action.

Signature: _____

Print Name: _____

Date of Submission: _____



TO BE COMPLETED BY HEALTH DEPT. ONLY

Date Received: _____

Received By: _____

Payment: _____

Event Approved by City Council _____

REHS Review:

Application approved: ☐ Yes ☐ No Reason: _____

REHS Signature: _____ Date: _____



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FOOD VENDOR GUIDELINES

The following points pertain to the New Jersey N.J.A.C. 8:24 “Sanitation in Retail Food Establishment and Food and Beverage Vending Machines.” You are responsible for compliance with **ALL** Code requirements.

APPROVED SOURCES (8:24-3.2)

- All food must be obtained from a licensed source, which is in compliance with all applicable State and local laws and regulations.
- A copy of the license or inspection placard from the facility along with any receipts for the food on-site can and may be requested.
- **Foods stored, handled, or prepared in a private home are prohibited from being used or offered for sale. All foods must be prepared in a licensed food facility.**

Exception: Non-profit charitable organizations, who have submitted documentation, are permitted to sell non-potentially hazardous bake goods, provided the following verbiage is posted at the point of display:

THESE ITEMS WERE PREPARED IN A KITCHEN THAT IS NOT SUBJECT TO LICENSING OR INSPECTION BY THE LOCAL HEALTH AUTHORITY

FOOD PREPARATION AT COMMUNITY EVENTS (8:24-3.3)

- If food preparation is to be conducted prior to the event it must be conducted at a licensed kitchen.
- A copy the license or inspection placard from the facility may be requested.

HOLDING TEMPERATURES FOR POTENTIALLY HAZARDOUS FOODS (8:24-3.4)

- Potentially Hazardous Foods (PHFs) include those of animal or plant origin that are either heat-treated or in raw form. Examples of such include those foods which contain milk, eggs, meat, poultry, fish, shellfish, cooked vegetables, soups, protein salads such as macaroni, potato, egg, tuna, chicken, cut melons, etc.
- Cold foods must be kept at 41°F or less.
- Hot foods must be kept at 135°F or above.





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FOOD VENDOR GUIDELINES (CONTINUED)

FOOD TEMPERATURE MEASURING DEVICES (8:24-4.2)

- Thin probed temperature measuring devices shall be provided, calibrated, and readily accessible for use in ensuring attainment and maintenance of food temperatures.
- The temperature measuring device shall be cleaned and sanitized before use with foods.

CONSUMER UTENSILS (8:24-3.3o)

Provide only single-use utensils for customer use.

ICE (8:24-3.3)

- Ice used for refrigeration purposes cannot be used for consumption in food and/or beverages.
- Ice shall be dispensed with a scoop

EQUIPMENT (8:24-3.3)

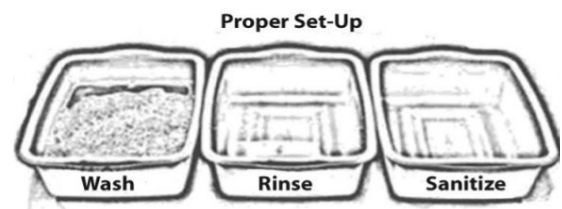
- All food and utensil related equipment must be approved by the Health Department and situated in a manner to prevent food contamination.
- Provide adequate cold and hot holding equipment to ensure proper temperatures are maintained during transportation to the event, storage and during the operation at the event. You must have enough space to properly store all food items.

WAREWASHING FACILITIES (8:24-4.7)

- TFF's that prepare open foods must have access to a stainless steel utensil sink with three compartments and integral drain boards for cleaning equipment, utensils, and for general cleaning purposes. The first compartment shall hold soapy water, the second shall hold rinse water, and the third shall hold a sanitizing solution (bleach/water). A warewashing sink must be conveniently located.



Wash, Rinse, and Sanitize





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FOOD VENDOR GUIDELINES CONTINUED

STORAGE and DISPLAY OF FOOD, UTENSILS and RELATED ITEMS (8:24-3.3)

- Store all foods and utensils at least 6-inches off the ground.
- Food must be protected from contamination, exposure to the elements, rodents and other vermin.
- When necessary, effective shielding or distancing from the consumer **MUST** be provided.

CLEANING AND SERVICING (8:24)

- If your TFF is operating for more than one day, it must be adequately cleaned and serviced.

FOOD HANDLING (8:24-3.3 & 2.4)

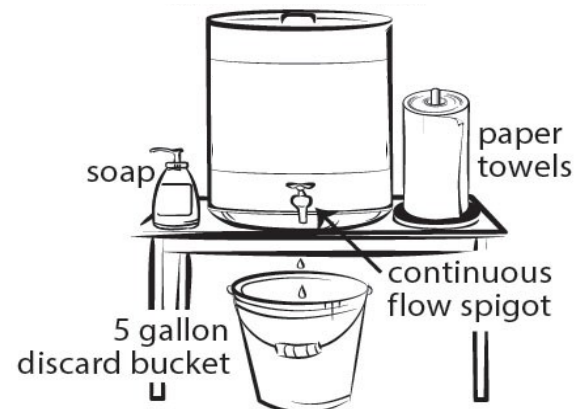
- Bare hand contact with ready-to-eat foods shall be prevented at all times.
- Acceptable means for preventing bare hand contact include the use of single-use gloves, tongs, deli tissue, or another department approved barrier.
- Eating, drinking, smoking, or use of a cellular phone use within a food prep area is not allowed.
- A food employee may drink from a closed beverage container if the container is handled to prevent contamination of the employee's hands and any exposed food.

ALTERNATE HANDWASHING FACILITIES

- Handwashing facilities shall be provided and stocked with:
- A container capable of providing a continuous flow of warm water which would leave both hands available to wash with soap and water.
- Soap and single-use paper towels.
- A catch basin to collect wastewater for its proper disposal.
- A waste receptacle for paper towel waste

PROPER HANDWASHING (8:24-2.3)

- Food employees shall clean their hands and exposed portions of their arms properly for at least 10 seconds of vigorous lathering and 20 seconds of washing. This shall be done before work begins and every time contamination of the hands occurs.





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FOOD VENDOR GUIDELINES CONTINUED

WATER SUPPLY AND WASTE DISPOSAL (8:24-5.4)

- The water supply to all sinks for food preparation and utensil washing must be from an approved, potable source.
- The liquid waste shall NOT be discharged to the ground or in storm drains. Waste water generated onsite shall be taken offsite or through another approved means by the Health Dept.
- All solid waste must be properly contained in easily accessible containers with tight-fitting lids. Solid waste generated onsite shall be taken offsite or through another approved means by the Health Dept.

CLEANING AND SANITIZING (8:24-3.3)

- An adequate method of cleaning and sanitizing of equipment and surfaces MUST be provided. A bucket for the storage of wiping cloths containing warm water and an department approved sanitizer at the manufactures concentration is advised. Examples include Bleach, Quaternary Ammonia, and Iodine.

NOTICE

**ANY OTHER REQUIREMET DEEMED NECESSARY BY THE
CLIFTON HEALTH DEPARTMENT TO PROTECT THE PUBLIC HEALTH
IN VIEW OF THE PARTICULAR NATURE OF THE FOOD SERVICE
OPERATION SHALL BE MET.**

**A HEALTH DEPARTMENT REPRESENTATIVE WILL REVIEW
THE INFORMATION PROVIDED AND CONTACT THE RESPONSIBLE PARTY IF
THERE IS A NEED FOR ADDITIONAL DATA.
IT IS THE RESPONSIBILITY OF THE ORGANIZATION(S) HOLDING
THE EVENT TO ENSURE THAT ALL CONESSIONARIES
MEET THE REQUIREMENTS SET FORTH ABOVE.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT
THE CLIFTON HEALTH DEPARTMENT AT
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Hot/Cold Food Temperature Chart

Instructions: Keep a copy of this log near the food preparation area.

Facility Name: _____

[illegible]