TOWNSHIP OF FAIRFIELD
APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT LICENSE

PLEASE MAKE CHECKS PAYABLE TO THE TOWNSHIP OF WEST CALDWELL

_____ Fee ($30.00 first day) Application Date _____
($10.00 each additional day)

Business Name, Address, Phone #: _____

_____

Name of Event: _____

Date and Location of Event: _____

Name of Organization Sponsoring Event: _____

Organization Chairperson: Name, Address, Phone #: _____

_____

SOURCE OF FOOD (Please list your food and beverage supplier):

_____

_____

In order for food to be prepared off premises, you must provide a copy of a current SATISFACTORY inspection posting from the establishment.

All foods must be prepared at a licensed, inspected wholesale or retail facility or AT THE EVENT LOCATION. Home prepared foods are strictly prohibited.

List *ALL* food items to be sold: (Items not listed will not be permitted)

_____

_____

_____

List Methods/Equipment Provided to Maintain Foods at Proper Temperatures: _____

_____

For Mobile Food Vendors:

Type of Food: _____

Commissary Location:

_____

Type of Vehicle: _____ License Plate No.: _____

I, the undersigned, understand that **home food preparation is strictly prohibited**.

Signed: _____ Printed: _____

*** Holder must comply at all times with the regulations and requirements of the Health Code of the Township of West Caldwell, and N.J.A.C. 8:24. At the discretion of the Health Department, a license may be revoked for any violation of these Codes.**

FOR OFFICE USE ONLY:
FEE PAID_____ DATE PAID_____
LICENSE #: _____

TOWNSHIP OF FAIRFIELD
FOOD HANDLER'S PERMIT
AGREEMENT

I am aware of food handling procedures outlined in the New Jersey State Sanitation Code, Chapter 24, especially as it relates to food protection, food preparation, and food storage.

To the best of my ability, I take responsibility for providing safe services to the public according to the above stated code and agree to oversee and manage the food handling services for our particular fund-raising function.

_____
Signature of Person Responsible for Event

_____
Printed Name of Person Responsible

_____
Organization

_____
Date

FOR OFFICE USE ONLY:
FEE PAID_____ DATE PAID_____
LICENSE #: _____