

TOWNSHIP OF LIVINGSTON
HEALTH DEPARTMENT

Temporary Food License Application

Please fill out this application completely and include a \$75.00 license fee payable to the Township of Livingston. Return this document to the Health Department at least 2 weeks prior to the event.

Event Name: _____

Date/Time of Event: _____

Event Location: _____

Contact Person: _____ Phone #: _____

Commissary Name (if applicable): _____

PLEASE ENCLOSE A COPY OF THE COMMISSARY'S HEALTH DEPARTMENT LICENSE AND INSPECTION PLACARD

Check list for Temporary Events:

- _____ Completed Temporary Food License Application
- _____ Copy of Commissary Health Department License (if applicable)
- _____ *Copy of Commissary Inspection placard (if applicable)
- _____ *List of all Food Handlers and copies of their certifications
- _____ \$75.00 License Fee for 4 days or less (5 or more days, fee is \$100.00)
- _____ Drawing of Temporary Food Establishment layout including all equipment, work tables, food and single service storage, hand washing facilities and garbage containers

FOR HEALTH DEPARTMENT USE ONLY

Health Department Approval: _____ Yes _____ No

REHS/Health Officer: _____

1. List all foods to be sold and source/supplier:

2. Describe the source of water and ice (for drinking purposes):

3. While transporting food to the event:

What equipment will be used to maintain food at 41 degrees Fahrenheit or lower? 140 degrees Fahrenheit or higher?

4. At the event site, how will cold foods be held below 41 degrees Fahrenheit and/or hot foods held above 140 degrees Fahrenheit?

5. What are the proper cook temperatures of the potentially hazardous items that you are serving (chicken, hamburger, pork...)? How will these foods be cooked/equipment used to cook?

6. How will the food product, water, and ice be stored on site?

7. How will food be protected from the public and insects?

8. How will food be served/dispensed?

9. Please provide a drawing of the temporary food establishment layout describing all equipment including cooking and cold and hot holding equipment, hand washing facilities, work tables, food and single service storage and garbage containers.

10. Please attach a list of all food handlers.

Note: The cooling and reheating of foods at temporary events is not permitted.

I will abide by the enclosed temporary food establishment requirements and Chapter 24. Any deviation from the above menu/format must be approved by this Department.

Signature: _____

Date: _____

*TOWNSHIP OF LIVINGSTON HEALTH DEPARTMENT
204 HILLSIDE AVENUE
LIVINGSTON, NJ 07039*

Individual Temporary Food Stands Requirements to Operate

1. A temporary license application **must** be completed and submitted with fee at least 2 weeks before the event.
2. Make an appointment for inspection prior to the date of the event. Contact Dana Ruggiero or Michael Raimo at 973-535-7961.
3. A metal-stem thermometer must be available and used to check internal food temperatures. A thin tipped probe thermometer is required for thin foods like hamburgers.
- *4. Potentially hazardous foods must be stored at temperatures **below 41 degrees Fahrenheit** (under refrigeration) or **above 140 degrees Fahrenheit** (hot holding) at all times, except when undergoing necessary preparation.
- *5. All potentially hazardous foods must be heated to **165 degrees Fahrenheit or above within 30 minutes**. *Hamburgers must be cooked to a temperature of 155 degrees Fahrenheit or above.*
6. Crock pots, steam tables, or other hot holding devices are not to be used as a means for heating up foods.
7. All refrigerators must have indicating thermometers with the temperature maintained **below 41 degrees Fahrenheit**.
8. Avoid bare hand contact with food during preparation and service by use of gloves, tongs, spatulas, forks, single service disposable gloves, wax paper, paper plates and napkins.
9. All foods must be prepared on the premises or at a health department approved facility (current Satisfactory placard/report must be presented prior to approval).
10. Leftovers may not be used. No leftovers are to be served or sold.
11. Cans of soda stored in ice must have 50 ppm of bleach.
12. Wiping cloths to be used on table tops and counters must be stored in a separate bucket of sanitizer (one capful of liquid bleach added to one gallon of water).
13. Smoking, eating or drinking while working in booths is prohibited.
14. A refuse container with a tight-fitting lid must be available for garbage.
15. No pets are permitted on the grounds.
- *16. Hand washing facilities must be available for use. This facility should consist of at least, running water, soap, individual paper towels, and a bucket to collect the dirty water. (A 5 gallon or larger insulated container kept supplied with warm water delivered through a continuous-flow spigot container is acceptable.)
17. The grounds must be left clean when finished.
18. Each operator must be at the booth for an initial inspection.
- *19. A list of all food suppliers and food handlers must be submitted and approved prior to opening.

LIVINGSTON HEALTH DEPARTMENT
204 HILLSIDE AVENUE
LIVINGSTON, NJ 07039

Dana L. Ruggiero
REHS

Michael Raimo
REHS

NOTICE

A potentially hazardous food is defined as any food which consists in whole or in part of milk or milk products, custards, eggs, meat, cheese, poultry or fish. These foods must be kept below 41 degrees Fahrenheit at all times. Wet storage of packaged food and beverages shall be prohibited; provided, that wet storage of pressurized containers of beverages may be permitted when:

1. The water contains at least 50 ppm of available chlorine; and,
2. The used water is changed frequently enough to keep both the water and container clean.

The use of ice in cubes or blocks is not acceptable for cold food storage due to the "thawing" factor. Only mechanical refrigeration or dry ice is permitted!

Signature

Date

TOWNSHIP OF LIVINGSTON
HEALTH DEPARTMENT
204 Hillside Avenue
Livingston, NJ 07039

Louis E. Anello, Director
Health Officer

(973) 535-7961
Fax #: (973) 535-3234

IMPORTANT NOTICE

2018 LICENSE APPLICATION

Business Name: _____ Tel. #: _____

Address: _____
(Street) (Town) (Zip)

Owner: _____ Corporation: _____
(Name) (Name) (President)

Address: _____
(Street) (Town) (Zip)

Business Fax #: _____ Emergency Tel. #: _____

Corporate Tel. #: _____ E-mail address: _____

I hereby certify that the following information
supplied in this application is true and correct:

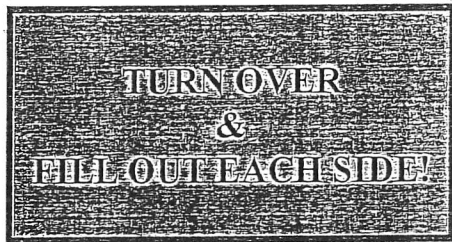
(Signature / Title)

CHECKS PAYABLE TO:

TOWNSHIP OF LIVINGSTON

(Date)

**APPLICATION & FEE MUST BE RETURNED BY JANUARY 16, 2018
OR A SUMMONS WILL BE ISSUED!!!**



OFFICE USE ONLY

Type License	License No.	Fee	Approved By	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**TOWNSHIP OF LIVINGSTON
HEALTH DEPARTMENT
204 Hillside Avenue
Livingston, NJ 07039**

Louis E. Anello, Director
Health Officer

(973) 535-7961
Fax #: (973) 535-3234

*****IMPORTANT NOTICE*****

2018 LICENSE APPLICATION

Business Name: _____ Tel. #: _____

Address: _____
(Street) (Town) (Zip)

Owner: _____ Corporation: _____
(Name) (Name) (President)

Address: _____
(Street) (Town) (Zip)

Business Fax #: _____ Emergency Tel. #: _____

Corporate Tel. #: _____ E-mail address: _____

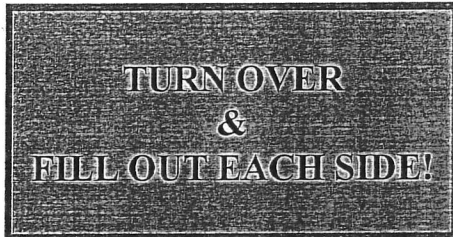
I hereby certify that the following information
supplied in this application is true and correct:

(Signature / Title)

CHECKS PAYABLE TO:
TOWNSHIP OF LIVINGSTON

(Date)

**APPLICATION & FEE MUST BE RETURNED BY JANUARY 16, 2018
OR A SUMMONS WILL BE ISSUED!!!**



OFFICE USE ONLY

Type License	License No.	Fee	Approved By	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TYPE OF LICENSE

FOOD LICENSE

<i>Public Eating:</i>	\$175.00	Seating /1-50
any establishment for which seating capacity can	\$225.00	Seating/51-99
be determined (seating means per person)	\$275.00	Seating/100+
 <i>Food Establishment/Catering:</i>	\$175.00	under 7,000 sq. ft.
supermarkets, liquor stores, convenience	\$225.00	7,001-15,000 sq. ft.
stores (sq. ft. encompasses entire operation	\$275.00	15,001 sq. ft.
including bathrooms, hallways & storage)		
 <i>Limited Food Establishment:</i>	\$75.00	
snack bars, mobile trucks & pre-packaged foods		
 <i>Mobile Truck(s):</i>	\$75.00	
Driver's Name(s): _____	License Plate(s): _____	
 <i>Temporary Events (< 5 days):</i>	\$75.00	(> 5 day): \$100.00

FOOD LICENSE APPLICANTS MUST PROVIDE THE FOLLOWING (PRE-PACKAGED APP. EXEMPT):

Manager's Name: _____

Employers are responsible for having a person in charge present during all hours of operation. Currently, is your manager/owner a certified food protection manager? Yes / No. If yes, sponsor name/date of course: _____ Course info.: (609) 588-3123, NJ State Department of Health

SWIMMING POOL LICENSE \$325.00 CHILD CARE CENTER LICENSE \$100.00

Designated Adult Supervisor: _____ Director's Name: _____
Trained Pool Operator: _____ Home Tel. #: _____
Are safety employees' certifications current? Y / N

ANIMAL HARBORAGE LICENSE \$100.00 YOUTH CAMP LICENSE \$50.00

_____ Kennel _____ Pet Shop _____ Shelter
Name of Superv. Vet.: _____
Camp Name: _____
Director: _____
Dates: _____

VENDING MACHINE LICENSE \$25.00 each machine Attach additional sheets if necessary
Machine Location(s): _____ Number: _____ Type (i.e. candy, soda, sandwich): _____

MILK LICENSE \$5.00 (Public Eating/Food Establishments/Limited Foods exempt)
(check one) _____ Milk Company _____ Sub Dealer _____ Milk Vending Machine