

MOUNT OLIVE TOWNSHIP HEALTH DEPARTMENT TEMPORARY FOOD HANDLING LICENSE APPLICATION FOR MINE HILL TOWNSHIP EVENTS

EVENT NAME:	DATE:
Time of Event:	
Location of Event:	
Vendor Info: Company Name: Contact Person: Address:	
Phone #:Alt. Phone #:	
Type of Unit: Tent Cart Tables Other (pla	ease specify)
Water Source: On Site Bottled Please specify location obtained from: Ice Obtained from:	
Power Source:	
Product Selling: 1 2 3 4.	

 4.

 5.

 6.

 7.

 8.

Date and Place Food Purchased:

How is product being stored before and during event?

Where is product being stored?

Hand washing Facilities (water, wipes, sanitizer, etc) Please specify:_____

How are utensils and equipment being cleaned and sanitized:

Toilet Facilities:			
Portable Toilets	On-site Facility	Other	
Quantity	Handicapped A	ccessible	
Serviced by			

Trash receptacles – quantity/frequency of pick-up:_____

A COPY OF CERTIFICATE OF INSURANCE FROM VENDOR MUST BE SUBMITTED WITH APPLICATION. IF THE EVENT OCCURS ON TOWNSHIP PROPERTY, MINE HILL TWP. <u>MUST</u> BE NAMED AS ADDITIONAL INSURED

Contacted Fire Marshal

All vendors must be individually listed.

*All forms must be submitted a minimum of **one month** prior to the event.

Please complete and return this form to: Mine Hill Township Acting Clerk, Marcie Istvan, 10 Baker Street, Mine Hill, NJ 07803

Date form Completed _____

Questions? 862-437-1190 / clerk@minehill.com

Mt. Olive Health Dept. 973-691-0900 X7330#

FEES: Temporary

\$15.00 per unit (for events lasting one to three days)



TOWNSHIP OF MOUNT OLIVE HEALTH DEPARTMENT COMMISSARY AGREEMENT FOR MINE HILL TOWNSHIP EVENTS

A commissary is an approved location, usually a food establishment, where food is stored, prepared, portioned, or packaged for service elsewhere. A commissary may also be used to service and store food vehicles or carts. Once our office approves of this commissary agreement, you may not use a different facility for food preparation and storage without the written approval of Mount Olive Township Health Department.

Persons wishing to operate within Mine Hill Township must submit this form for review (check one):

- \Box A mobile unit or push cart; or
- A temporary food establishment requiring off-site or advanced food preparation; or
- A temporary food establishment lasting two days or more; or
- A farmer's market food vendor or processor stand; or
- □ A catering business

The owner or person in charge of the approved food establishment or commissary must complete the following information:

Commissary Owner Information	Commissary Owner Information
Facility Name:	Facility Name:
Contact Name:	Contact Name:
Address:	Address:
City ,State, Zip:	City ,State, Zip:
Phone Number:	Phone Number:
Email Address:	Email Address:

Round trip mileage from commissary kitchen to service location and back: ______ Miles.

Afterhours accessibility – key provided to commissary user? \Box Yes \Box No

Commissary tasks (mark all that apply):

- □ Cooking foods □ Potable water re-supply □ Hot Holding foods □ Wastewater disposal
- □ Raw Meat/Seafood Prep □ Cleaning of utensils □ Vegetable / Ready to Eat Food Prep
- □ Restroom Available □ Other Food preparation (trimming, assembly, re-portioning)
- □ Dry Goods Food storage (i.e. shelving for dry goods)
- □ Refrigerated Food storage (i.e. walk-in cooler, sandwich prep cooler)
- \Box Cooling of hot foods (If yes, which method: \Box shallow pan or \Box ice bath)
- Other:

I grant permission for	to use my facility for the	
tasks indicated above. This agreement is voided immediately if the	V V	
business.		
Commissary operator signature	Date	
Commissary user signature	Date	
Please attach the most recent sanitary inspection report for commissary being utilized.		
Incomplete Commissary Agreements will not be approved.		