

Borough of Franklin Lakes
Board of Health
480 DeKorte Drive
Franklin Lakes, NJ 07417
201-891-4000 Ext. 1209
Fax No. 201-891-0101

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:	<input type="checkbox"/> Food Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Table <input type="checkbox"/> Tent <input type="checkbox"/> 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: _____

How will hot and/or cold food temperatures be controlled:

What are the handwashing facilities to be utilized:

How will bare-handed contact be restricted serving ready-to-eat foods:

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

For profit organization - \$100

Non-profit organizations/Religious establishments/Borough Events – No Charge

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