



Farmers' Market or Temporary Retail Food Vendor Application

Vendor Information

Date of Application _____

Trading Name of Vendor _____ Phone _____

Contact Person _____ Email _____

Mailing Address _____ City _____ State _____ Zip _____

Event Information

Name of Event _____

Location of event (municipality) _____ Block _____ Lot _____

Street address _____

Name of Event Coordinator _____ phone# _____

Email _____

Description of Food Unit

- Tabletop/Tent
- Push Cart
- Food Preparation Vehicle
- Refrigerated Vehicle
- Other

Hours of Operation:

Months, Days & Hours of Operation: _____

Description of Food Operation (check all that apply)

- | | | |
|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Commercially pre-packaged food | <input type="checkbox"/> Cold foods | <input type="checkbox"/> Raw Meats |
| <input type="checkbox"/> Bottled/Canned beverages | <input type="checkbox"/> Frozen Foods | <input type="checkbox"/> Fish |
| <input type="checkbox"/> Prepared Beverages | <input type="checkbox"/> Hot foods | <input type="checkbox"/> Shellfish* |
| <input type="checkbox"/> Non-hazardous foods (bakery goods) | | |
| <input type="checkbox"/> Limited food preparation (cook to order) | | |
| <input type="checkbox"/> Potentially hazardous foods (containing animal or plant ingredients) | | |
| <input type="checkbox"/> Advance food preparation at commercial kitchen base of operation only (Risk 3) | | |
| <input type="checkbox"/> Canned/bottled fruit jams and jellies | | |
| <input type="checkbox"/> Other _____ | | |

Copy of menu must be provided

Copy of Food Handler's Certification if required (Risk 3) must be provided

* Shellfish tags must be available at time of inspection

NO non-commercially prepared jarred/canned shelf stable or acidified foods for room temperature storage or refrigerated storage will be permitted (except fruit jams and jellies)

Water What type of water supply will service your booth?

- Public water supply: Name of supplier _____
- On-site drilled well
- Water supply at Frankford Fairgrounds (for events at fairgrounds)
- Commercially Bottled Water Only (receipts available)
- Water carried-in in food grade containers - identify source of water _____
(Source must be tested unless test results already on file with Sussex County HD)

Wastewater

Place of waste water disposal from food booth operations (excluding sewage) _____

Food Source and Food Service Operations: NO HOME PREPARED FOODS PERMITTED

Menu Items: List all foods and beverages given, served, or provided for sampling to the general public

Add additional sheets if needed.

Food/Drink	Source of Food (Receipts On-site)	Where is food prepared?	
		Off-site: When/where?	On-site: Equipment used

<u>Type of Food Protection</u>	Equipment or Method
Overhead (Roof, Canopy)	_____
Food Drink Items Stored Off the Ground	_____
Floor Surface Material (dirt covered)	_____
Food Displayed, Wrapped, Covered, or Protected with Sneezeguard	_____

Cold and Hot Holding

Describe how food is maintained at 41 F or below and 135 F or above at all times during:

Transport to the event: _____

Preparation: _____

Display: _____

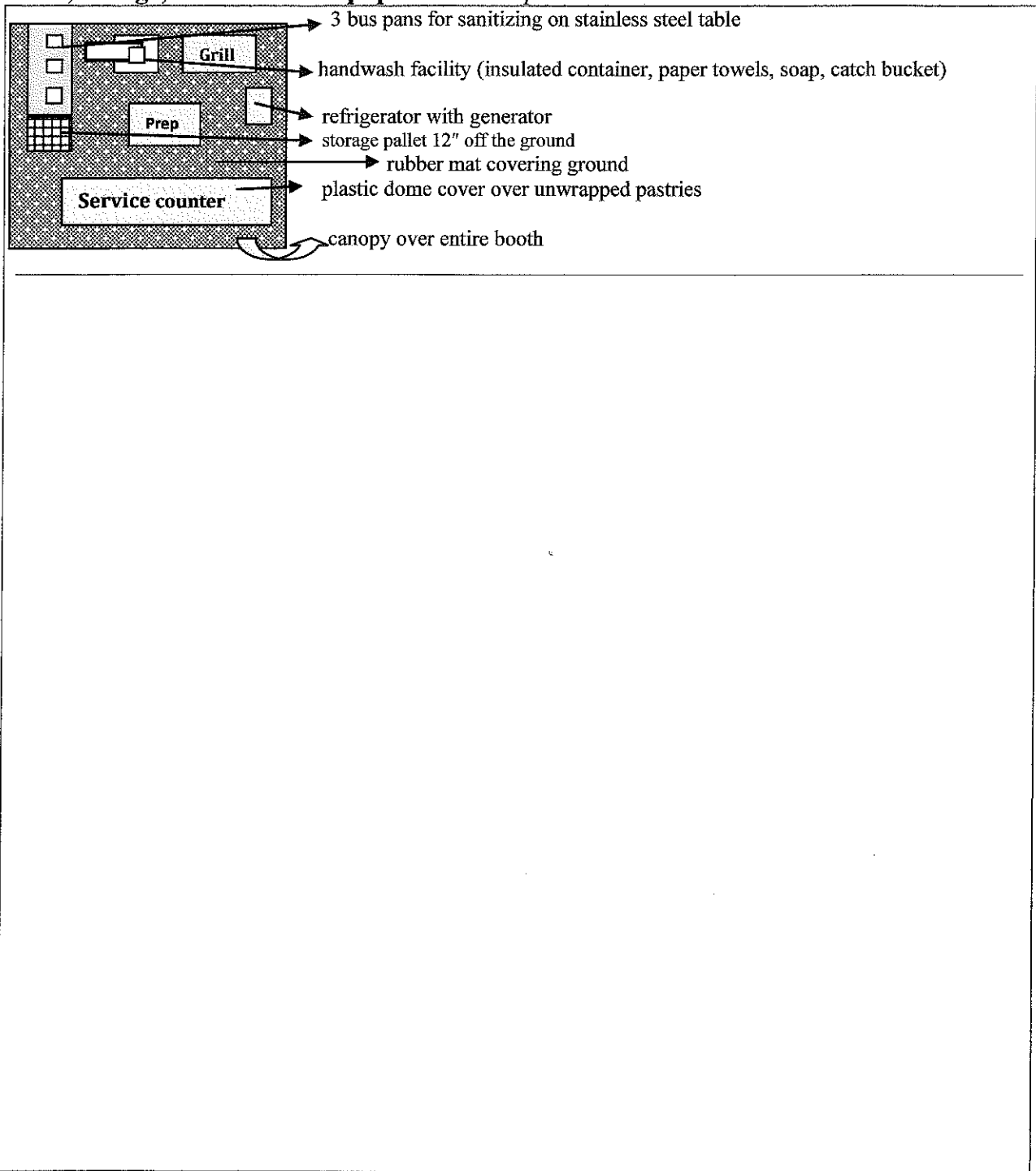
Hot & Cold Unit Storage: _____

ALL LEFT OVER PREPARED FOODS MUST BE DISCARDED

Identify equipment used in the temporary food facility:

<p>Required handwash station for all open foods</p> <ul style="list-style-type: none"><input type="checkbox"/> 5 gallon insulated container with free flow spigot and 5 gallon catch bucket, liquid hand soap and paper towels OR<input type="checkbox"/> Hand sink with cold and hot running water, liquid hand soap and paper towels<input type="checkbox"/> Hand sanitizer required for pre-packaged food vendors only <p>Sanitation if preparing foods:</p> <ul style="list-style-type: none"><input type="checkbox"/> 3- compartment sink with hot and cold running water OR<input type="checkbox"/> 3 large pans with potable water<input type="checkbox"/> Bucket with sanitizer and wiping cloth OR<input type="checkbox"/> Spray bottles with sanitizer <input type="checkbox"/> Freshwater storage tank ____gallons<input type="checkbox"/> Wastewater retention tank ____gallons<input type="checkbox"/> Sanitizer test kit	<p>Required equipment:</p> <ul style="list-style-type: none"><input type="checkbox"/> Thermometers in each cold holding unit<input type="checkbox"/> Thermometer to test prepared food temp<input type="checkbox"/> Disposable gloves<input type="checkbox"/> Waste containers<input type="checkbox"/> Recycling containers <p>Power Source</p> <ul style="list-style-type: none"><input type="checkbox"/> Electric<input type="checkbox"/> Generator<input type="checkbox"/> Propane	<p>Cold holding equipment</p> <ul style="list-style-type: none"><input type="checkbox"/> Ice chest with ice packs<input type="checkbox"/> Ice chest with drained ice<input type="checkbox"/> Refrigerator<input type="checkbox"/> Refrigerated truck<input type="checkbox"/> Freezer <p>Hot holding equipment</p> <ul style="list-style-type: none"><input type="checkbox"/> Oven/Stove<input type="checkbox"/> BBQ Grill<input type="checkbox"/> Gas Grill<input type="checkbox"/> Deep Fryer<input type="checkbox"/> Smoker<input type="checkbox"/> Steam Table<input type="checkbox"/> Other _____
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Provide sketch/layout of the booth in the space below (may be hand-drawn). Include: equipment, cooking area, food prep area, hand wash facility, ware-washing & sanitizing area, storage, etc. Label all equipment. *Example:*



I hereby certify that the above listed information is correct. I also understand that the home preparation and storage of food, or the cleaning of equipment or utensils used in the operation is prohibited as per N.J.A.C. 8:24-3.1A and 8:24-3.2 and is subject to penalties, fines and possible license forfeiture. If any changes in my operation occur, I agree to notify the Health Department immediately.

Vendor/Owner/Operator (print) _____

Vendor/Owner/Operator (signature)

TO BE COMPLETED BY BASE OF OPERATION OWNER OR MANAGER

CERTIFICATION: USE OF LICENSED FOOD ESTABLISHMENT

I (we) certify that this licensed food establishment (provider),

ESTABLISHMENT NAME

LOCATION ADDRESS

Municipality _____ Block _____ Lot _____

will be used by (tenant) _____, owned by _____

(name of business)

(proprietor)

mailing address, _____

(business address)

for the purpose of; preparing and storing food items, cleaning equipment, and all other functions of a retail food establishment in compliance with; Chapter 24 (N.J.A.C. 8:24) Sanitation in Retail Food Establishments and Food and Beverage Vending Machines, and local Sanitary regulations.

Sufficient storage space, and refrigeration, will be made available to the contracting food vendor.

I certify the statements and information made in this application are true, complete and correct to the best of my knowledge and belief. (please print)

Name of Licensed Establishment (provider): _____

Certifying Owner: _____ Title: _____

Address: _____ Phone No. _____

E-Mail _____ Fax No. _____

Owner Signature

Date

VENDOR NAME _____

DATE _____

ATTACHMENT CHECKLIST (SUBMIT ALL WITH APPLICATION)

All Sections of the application must be completed or it will be returned.

- Water Testing Records** (private wells only, if not already provided to the Health Department)
- Copy of **Food Protection Managers Certification (Risk 3)**, if required
- Copy of **Food License** for Base of Operation, if not in Sussex County
- Copy of **Inspection Report** or **Inspection Rating Placard**, if not in Sussex County
- Menu**
- Registered Farm (Farmers Market only) Provide other certificates as applicable
- Review fee** payable to the "County of Sussex". Fees outlined in document, "Readme for temporary food establishments."

BELOW SECTION IS FOR OFFICIAL USE ONLY:

APPROVED: DATE: _____ **EXPIRATION DATE:** _____

Classified Risk Type: Risk 1 Risk 2 Risk 3 Risk 4 (operations at servicing area only)

Approval Restrictions:

Inspector: _____ Approval Effective Date: _____

DISAPPROVED: DATE: _____

Reasons for disapproval:

Inspector: _____