WARREN COUNTY HEALTH DEPARTMENT
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Washington, New Jersey 07882
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APPLICATION FOR PROVISIONAL CERTIFICATION OF A TEMPORARY FOOD ESTABLISHMENT

COMPLETE ALL INFORMATION AND RETURN TO THE ABOVE ADDRESS. YOUR APPLICATION WILL BE REVIEWED AND A PROVISIONAL CERTIFICATE MAILED TO YOU.

NAME OF AFFAIR\EVENT _____

DATE(S) _____

MUNICIPALITY _____

LOCATION OF EVENT _____

SPONSORING ORGANIZATION _____

ADDRESS _____

PHONE ( ) _____

VENDOR/ORGANIZATION _____

CONTACT PERSON _____ PHONE ( ) _____

MAILING ADDRESS _____

COMMERCIAL KITCHEN WHERE FOOD WILL BE PREPARED (NO HOME PREPARATION)

_____

LIST ALL FOODS AND DRINKS TO BE SERVED. INCLUDE SOURCE OF EACH, AND ADDRESS OF EACH SOURCE. (INCLUDE ICE AND ALL INGREDIENTS)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

WHAT PROVISIONS HAVE YOU PLANNED FOR THE FOLLOWING:

1. Refrigeration: Keeping cold foods below 45 degrees F.

_____

2. Keeping hot foods above 140 degrees F._____

_____

3. Storage and handling of ice_____

_____

4. Covers or shields for food_____

5. Cleaning equipment/utensils during day_____

_____

6. Water supply_____

7. Handwashing_____

8. Trash and garbage_____

9. Will electricity be provided at site? Yes_____No_____

10. Cover for stand provided? (tent, awning, or similar protection_____

NOTICE TO VENDORS

Complete all the information requested and return form to **Warren County Health Department, 319 W. Washington Avenue, Washington, NJ 07882.** Your application will be reviewed and, upon approval, a provisional certificatation will be mailed to you. You will not be permitted to vend without it. An onsite inspection may be conducted by a Sanitary Inspector on the day of the event. You must present your provisional certification at that time.