Borough of Califon
PO Box 368
39 Academy Street, Califon, New Jersey 07830
Telephone 908-832-7850 X 300

APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD CONCESSION

NA	AME OF THE EVENT:	DATE OF THE EVENT:	
PL	LACE OF THE EVENT:	TIME OF EVENT:	
	AME OF EVENT COORDINATOR: The above person must be the designated person av	TEL DAY OF EVENT:	
NA	AME OF FOOD BOOTH:		
TIN	ME BOOTH WILL BE READY FOR INSPECTION	1 :	
NA	AME OF FOOD BOOTH OWNER:	TEL:	
AΓ	DDRESS:		
NU	UMBER OF FOOD BOOTHS: (NOT	E: a \$ fee made payable to (must accompany this application)	
1.		REPARED PRIOR TO THE EVENT? (STORAGE FACILITY MUST OF BE STORED IN A PRIVATE HOME. NO FOODS MAY BE	
	NAME OF ESTABLISHMENT:	INSPECTED BY:	
	ADDRESS:		
2.	. HOW WILL YOU KEEP FOOD COLD? (41 DEGREES F.) ON SITE (at sales booth?) (examples: food requiring refrigeration includes raw and previously cooked meats; poultry; fish; vegetables; salads; eggs and dairy products).		
3.	B. HOW WILL YOU KEEP HOT FOOD HOT (135 DEGREES F.) ON SITE (at sales booth?) (examples: cooked, ready-to-serve meats; poultry; seafood; tofu; cooked onions and peppers; potatoes; beans; falafel; chili; bar b Que; "veggie burgers"; etc.)		
4.	HOW WILL YOU PREVENT BARE HAND CONTACT WITH READY-TO-EAT FOODS?		
5.	5. DESCRIBE THE HANDWASHING FACILITIES AT YOUR BOOTH:		
6.	5. DESCRIBE THE WAREWASHING FACILITIES IN YOUR BOOTH:		
7.	LIST ALL FOOD AND BEVERAGE ITEMS THAT WILL BE SERVED:		
8.	I agree to abide by the regulations as per N.J.A.C.	8:24 et. Seq.	
	APPLICANT'S SIGNATURE	DATE	
	OFFICIAL USE ONLY) APPROVED YES NO Payment 1	Temporary Food License Number:	