



**ATLANTIC COUNTY DIVISION OF PUBLIC HEALTH  
 ENVIRONMENTAL HEALTH UNIT  
 201 SOUTH SHORE ROAD  
 NORTHFIELD, NJ 08225  
 Phone: (609) 645-5972 Fax: (609) 645-5923**

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**TEMPORARY AND SPECIAL EVENT RETAIL FOOD  
 VENDOR APPLICATION**

Please fill out completely and send to the above address 30 days prior to the event.

**VENDOR TRADING AS** \_\_\_\_\_

**OPERATOR'S NAME** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**NAME & LOCATION OF EVENT** \_\_\_\_\_

**DATES & HOURS OF OPERATION** \_\_\_\_\_

**BASE OF OPERATIONS (for advanced food preparation):**

**Name of Establishment** \_\_\_\_\_

**Address** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**County/municipality that inspects this facility** \_\_\_\_\_

(If outside of Atlantic County, please provide a copy of most recent inspection report.)

**MENU**

Menu Item	Ingredients

**WHERE WILL FOOD FOR THE EVENT BE PURCHASED?** \_\_\_\_\_

**WHERE WILL ICE BE PURCHASED? (Note- Ice scoops must be provided.)** \_\_\_\_\_

**HOW WILL FOOD BE TRANSPORTED TO THE EVENT? (check all that apply)**

Refrigerated truck \_\_\_\_\_

Insulated containers (hot) \_\_\_\_\_ describe \_\_\_\_\_

Insulated containers (cold) \_\_\_\_\_ describe \_\_\_\_\_

Insulated bags \_\_\_\_\_ Other \_\_\_\_\_ describe \_\_\_\_\_

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Date Received: \_\_\_\_\_ Approved By: \_\_\_\_\_

Comments: \_\_\_\_\_



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**APPROX. DISTANCE FOOD WILL BE TRANSPORTED? (miles or hours)** \_\_\_\_\_

**COOKING/REHEATING METHODS? (check all that apply)**

Grill \_\_\_\_\_ Stove \_\_\_\_\_ Microwave \_\_\_\_\_ Electric Hot Plate \_\_\_\_\_  
 Other \_\_\_\_\_ (describe) \_\_\_\_\_

**WHAT METHODS WILL BE UTILIZED TO MAINTAIN FOOD PRODUCTS BELOW 45°F?  
 (check all that apply)**

Coolers with ice \_\_\_\_\_ How many? \_\_\_\_\_  
 Refrigerators \_\_\_\_\_ How many? \_\_\_\_\_  
 Freezers \_\_\_\_\_ How Many? \_\_\_\_\_  
 Other \_\_\_\_\_ (describe) \_\_\_\_\_

**WHAT METHODS WILL BE UTILIZED TO MAINTAIN COOKED FOOD PRODUCTS ABOVE  
 140°F? (please check all that apply.)**

Steam tables \_\_\_\_\_ How Many? \_\_\_\_\_  
 Hot hold cabinets \_\_\_\_\_ How many? \_\_\_\_\_  
 Chaffing dishes \_\_\_\_\_ How many? \_\_\_\_\_  
 Crock pots \_\_\_\_\_ How many? \_\_\_\_\_  
 Other \_\_\_\_\_ (describe) \_\_\_\_\_

**WHAT TYPE OF OVERHEAD PROTECTION WILL BE USED?**

Tent \_\_\_\_\_ Umbrella \_\_\_\_\_ Enclosed structure \_\_\_\_\_  
 Other \_\_\_\_\_ (describe) \_\_\_\_\_

**WHAT METHODS OF PROTECTING FOOD AND INGREDIENTS FROM CONTAMINATION  
 DURING THE EVENT WILL BE UTILIZED? (check all that apply)**

Plastic wrap \_\_\_\_\_ Containers with lids \_\_\_\_\_ Foil wrap \_\_\_\_\_ Disposable gloves \_\_\_\_\_  
 Other \_\_\_\_\_ (describe) \_\_\_\_\_

**HOW WILL POTABLE (DRINKING QUALITY) WATER BE SUPPLIED TO THE BOOTH FOR  
 UTENSIL WASHING, HANDWASHING AND OTHER USES?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHAT TYPE OF HANDWASHING FACILITIES WILL BE AVAILABLE FOR FOOD  
 HANDLERS?**

(Note – Establishments preparing hazardous types of food will be required to have soap and water available.)

Commercially packaged handwash tissues \_\_\_\_\_  
 Container of water, soap, paper towels and waste water container \_\_\_\_\_  
 Disposable gloves & waterless hand sanitizer \_\_\_\_\_  
 Waterless hand sanitizer \_\_\_\_\_  
 Other \_\_\_\_\_ (describe) \_\_\_\_\_

**(Please continue on next page.)**

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**WHAT CLEANING ITEMS WILL BE AVAILABLE? (check all that apply)**

**(Note – Establishments preparing hazardous types of food will be required, at a minimum, to have items marked with “\*”).**

- \*Spray bottle with sanitizer (i.e. bleach) & water \_\_\_\_\_
- Basins for washing & sanitizing cooking utensils \_\_\_\_\_
- Trash cans and trash bags \_\_\_\_\_
- \*Buckets of bleach and water solution \_\_\_\_\_
- Cleaning cloths \_\_\_\_\_
- Other \_\_\_\_\_ (describe) \_\_\_\_\_

**IN THE SPACE BELOW, PLEASE PROVIDE A DIAGRAM OF THE BOOTH, SHOWING EQUIPMENT LOCATION AND MATERIALS USED FOR WALLS, OVERHEAD PROTECTION, COUNTERS, ETC.**

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