

Monmouth County Regional Health Commission #1 1540 West Park Avenue, Suite 1 Ocean, New Jersey 07712 Telephone (732) 493 9520

Telephone (732) 493-9520 Facsimile (732) 493-9521



www.mcrhc.org

TEMPORARY FOOD EVENT COORDINATOR'S APPLICATION

APPLICATION SUBMISSION DATE:* *Note: Application MUST be submitted at least 30 days prior to event				
		EVENT INFO	RMATION	
NAME OF EVENT:				
LOCATION:				
MUNICIPALITY:				
DATE(S) AND TIME	C(S) OF EVENT:			
DATE & TIME FOO	D SERVICE OPER	ATIONS WILL B	E SET UP:	
EXPECTED NUMBE	ER OF PATRONS:		-	
EXPECTED PEAK D	OAY(S) – If event lon	ger than one day:		
	EVENT COOR	DINATOR(S) **A	ttach additional shee	ts as necessary**
ORGANIZATION:				
PRIMARY CONTAC	CT PERSON:			
MAILING ADDRESS	S:			
TELEPHONE #:			FAX #:	
CELL PHONE #:	EMAIL:			
SECONDARY CONTACT PERSON:				
MAILING ADDRESS	S:			
TELEPHONE #:			FAX #:	
CELL PHONE #:			EMAIL:	
TERTIARY CONTACT PERSON:				
MAILING ADDRESS:				
TELEPHONE #:			FAX #:	
CELL PHONE #:	CELL PHONE #:		EMAIL:	
·				
ON-SITE COORDINATOR(S) AND HOW CAN BE CONTACTED DURING ENTIRE EVENT **Attach additional sheets as necessary**				
NAME:			PHONE #:	
NAME:			PHONE #:	
NAME:			PHONE #•	

TEMPORARY FOOD EVENT COORDINATOR'S APPLICATION

FOOD VENDOR INFORMATION				
ANTICIPATED NUMBER OF FOOD VENDORS:				

PLEASE LIST ALL FOOD VENDORS FOR THE EVENT *****NOTE: Each vendor MUST submit Permit Application***** **Attach additional sheets as necessary**

Attach additional sheets as necessary				
NAME	ADDRESS	PHONE		
	<u> </u>			

TEMPORARY FOOD EVENT COORDINATOR'S APPLICATION

SERVICES PROVIDED ON-SITE TO VENDORS ***Check all that apply and provide detail if necessary***						
Water Supply	☐ Potable water taps will be provided on site. Water source is ☐ Public or ☐ Well. ☐ Vendors must bring their own water supply.					
	NOTE: If a non-public water supply is to be used, the results of the most recent water test must be submitted.					
Wastewater	☐ Liquid waste collection tanks/receptacles will be provided on site. ☐ Vendors must arrange for their own wastewater disposal.					
Electricity	□No electricity will be supplied on site. □Access to electricity will be provided on site. □Generators will be provided for vendor use. □Vendors are allowed to use generators on site.					
Trash/Refuse	☐ Trash receptacles will be provided throughout the event for the public. ☐ Dumpsters will be provided on site for vendor and public trash removal. How often will receptacles/dumpsters be serviced?					
Grease Disposal	☐Grease disposal receptacles will be provided throughout the event for vendor use. ☐Vendors must arrange for their own grease disposal. *NOTE: Grease must not be disposed of on the ground or down storm sewers or sinks.*					
Toilet Facilities	□Public restrooms with toilets will be available. How many?					
Tollet Facilities	Portable toilets will be provided. How many?					
Handwashing Facilities	□ Public restrooms with handwashing sinks will be available. How many? □ Portable handwashing stations will be provided. How many? How often will they be serviced, and by whom?					
Other Services	☐ Refrigerated truck(s) ☐ Commissary kitchen (attach a list of available equipment in kitchen.) ☐ Ice ☐ ☐					
WILL THERE BE A PETTING ZOO OR OTHER ANIMAL ATTRACTION(S) AT THE EVENT?						
If YES, please provide the name and contact info for each exhibitor, as well as the type of animals to be shown. Attach additional sheets as necessary.						
Please be advised that the New Jersey Department of Agriculture has specific recommendations and regulations concerning the exhibition of animals which must be adhered to.						
It is MANDATORY that handwashing facilities, including running water, soap and paper towels, as well as alcohol-based hand sanitizers be provided for use prior to and after contact with animals.						
ANIMAL EXHIBITOR INFORMATION						
NAME	ADDRESS	PHONE	ANIMALS			

TEMPORARY FOOD EVENT COORDINATOR'S APPLICATION

TEMPORARY EVENT SITE MAP					
PROVIDE A LABELED MAP OF THE ENTIRE TEMPORARY EVENT AREA, AND INCLUDE THE FOLLOWING, AS APPLICABLE:					
☐ Toilet facilities (port☐ Hand washing facilit☐ Trash containers/du☐ Electrical hook-up p☐ Potable water taps fo	ties mpsters oints/generator locations	☐ All food prep & service areas on event grounds ☐ Food vendor booths ☐ Refrigerated trucks ☐ Commissary kitchen ☐ Petting zoo/animal exhibits			
		ovided is correct, and I fully understand that any deviation from the Monmouth County Regional Health Commission may nullify			
inui uppiovali					
Applica	Applicant/Owner Signature Date				
	For	r Office Use Only			
□APPROVED	Date:	Inspector:			
	Restrictions:				
□ NOT APPROVED	Date:	Inspector:			
	Reason(s):	This process.			

IMPORTANT INFORMATION FOR TEMPORARY FOOD EVENT COORDINATORS

Please read the following important information before organizing your event:

- 1. The *TEMPORARY FOOD EVENT COORDINATOR'S APPLICATION* must be submitted to the Monmouth County Regional Health Commission at least 30 days prior to the event.
- A TEMPORARY FOOD ESTABLISHMENT APPLICATION must be completed by EVERY vendor
 that will serve food or beverages at the event. Please be sure that every food/beverage vendor is supplied
 with a TEMPORARY FOOD ESTABLISHMENT APPLICATION. Each vendor completed application
 must be submitted to the Monmouth County Regional Health Commission at least 14 days prior to the
 event.
- 3. The coordinator must provide a sketch or map of the event site displaying food/beverage vendor locations and corresponding vendor names. Vendors with multiple locations at the same event will need to submit an application for each location.
- 4. Please be sure to include locations of all other applicable facilities, service areas, petting zoo exhibit areas, etc. on the event site map.

Please submit completed application(s) for review to:

Monmouth County Regional Health Commission #1 1540 West Park Avenue Suite 1 Ocean, NJ 07712 Telephone: 732-493-9520

Facsimile: 732-493-9521