

MONMOUTH COUNTY REGIONAL HEALTH COMMISSION
1540 WEST PARK AVENUE, SUITE 1
OCEAN, NJ 07712
TELEPHONE 732-493-9520
FACSIMILE 732-493-9521

TEMPORARY FOOD EVENT COORDINATOR'S APPLICATION

APPLICATION SUBMISSION DATE: _____
**Note: Application MUST be submitted at least 30 days prior to event*

1. NAME OF EVENT:

2. LOCATION OF EVENT:

3. DATE(S) & TIME(S) OF EVENT:

4. NAME(S) OF EVENT COORDINATORS(S) / RESPONSIBLE INDIVIDUAL(S) AND HOW EACH INDIVIDUAL CAN BE

CONTACTED DURING ENTIRE EVENT:

NAME

ADDRESS

TELEPHONE

a.

b.

—

c.

—

5. NUMBER OF FOOD VENDING OPERATIONS/SITES:

6. NAME OF INDIVIDUAL VENDOR(S) RESPONSIBLE FOR EACH SITE:

*****NOTE: EACH VENDOR **MUST** SUBMIT APPLICATION FOR PERMIT*****

NAME

ADDRESS

TELEPHONE

a.

b.

c.

d.

e.

Attach additional sheets as necessary

7. DATE & TIME THAT FOOD SERVICE OPERATIONS WILL BE SET UP: _____

8. DESCRIBE TOILET FACILITIES (TYPE, NUMBER, LOCATION): _____

a. INDICATE WHO WILL BE RESPONSIBLE FOR THEIR MAINTENANCE DURING THE EVENT: _____

b. IF PORTABLE TOILETS ARE TO BE USED, HOW OFTEN WILL THEY BE SERVICED/EMPTIED DURING THE EVENT? _____

9. WILL ELECTRICITY BE PROVIDED TO THE VENDOR SITES? _____ NO _____ YES (Describe how provided):

1 of 2

10. DESCRIBE POTABLE WATER SUPPLY:

***NOTE:** IF A NON-PUBLIC WATER SUPPLY IS TO BE USED, THE RESULTS OF THE MOST RECENT WATER TEST MUST BE SUBMITTED.

11. DESCRIBE WASTEWATER AND GREASE DISPOSAL SYSTEM: _____

12. DESCRIBE GARBAGE DISPOSAL: _____

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Monmouth County Regional Health Commission may nullify final approval.

Signature(s)

Date: _____

Approval of these plans and specifications by this Department does **not** indicate compliance with any other code, law or regulation that may be required (i.e. federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). An inspection will be necessary to determine compliance with the local and state laws governing retail food establishments.

Regulatory Authority: APPROVAL: _____ DATE: _____

Permit Restrictions:

Permit Effective Dates:

DISAPPROVAL: _____ DATE: _____

Reason(s) for Disapproval:

Reviewer Signature & Title

Date