



**MOUNT OLIVE TOWNSHIP HEALTH DEPARTMENT
TEMPORARY FOOD HANDLING LICENSE APPLICATION**

EVENT NAME: _____ DATE: _____

Time of Event: _____

Location of Event: _____

Vendor Info:

Company Name: _____

Contact Person: _____

Address: _____

Phone #: _____

Alt. Phone #: _____

Type of Unit: Tent___ Cart___ Tables___ Other (please specify) _____

Water Source: On Site___ Bottled___

Please specify location obtained from: _____

Ice Obtained from: _____

Power Source: _____

-----Please list all equipment including fryers, grills, etc.:

Product Selling:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Date and Place Food Purchased:

How is product being stored before and during event?

Where is product being stored? _____

Hand washing Facilities (water, wipes, sanitizer, etc) Please specify: _____

How are utensils and equipment being cleaned and sanitized:

Toilet Facilities:

Portable Toilets _____ On-site Facility _____ Other _____

Quantity _____ Handicapped Accessible _____

Serviced by: _____

Trash receptacles – quantity/frequency of pick-up: _____

****Please note that all water holding tanks **MUST** be empty upon arrival at site-tanks may be filled at an approved location within Mount Olive Township.*

*****A COPY OF CERTIFICATE OF INSURANCE FROM VENDOR MUST BE SUBMITTED WITH APPLICATION. IF THE EVENT OCCURS ON TOWNSHIP PROPERTY, MT. OLIVE TWP. MUST BE NAMED AS ADDITIONAL INSURED*****

Contacted fire marshal _____

All vendors must be individually listed.

***All forms must be submitted a minimum of two weeks prior to the event.**

Please complete and return this form to:
Mt. Olive Health Dept., Frank Wilpert
P.O. Box 450 Budd Lake, NJ 07828

Questions? 973-691-0900 x 7330

Date form Completed _____

FEES: Temporary \$50.00 per unit (for events lasting one to three days)
Complimentary \$1.00 (one to three days) event for non-profit organizations