

BOBBY BARR
Commissioner

KEVIN L. THOMAS
Health Officer
Public Health Coordinator

ALOYSIUS ONWUKA, M.D.
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CAPE MAY COUNTY DEPARTMENT of HEALTH

4 Moore Road
Cape May Court House, N.J. 08210-1601
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TEMPORARY RETAIL FOOD VENDOR APPLICATION

A temporary retail food establishment operates for a period of no more than 14 consecutive days in conjunction with a single event or celebration (festivals, farmers' markets, etc.). Temporary food operators must have an agreement with an approved servicing area that is inspected by the local health authority. A servicing area is often a commercial kitchen used by the temporary retail food operator for food preparation, equipment cleaning, obtaining potable water/ice, disposal of wastewater, and boarding food. A home kitchen is NOT an approved servicing area. (**NOTE:** Operators with a current cottage food permit issued by the NJ Department of Health shall complete the Cottage Food Operator Temporary Event Form in lieu of this application.)

State law requires anyone serving food to the public, whether sold or given away, to obtain approval from the local health department prior to operating. **Temporary food vendors are required to apply to this Department annually. This application shall be submitted at least 10 days prior to vendor's first event of the year. Approvals expire on December 31st.**

YOU MUST INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- ☐ Copy of servicing area's last inspection report (unless inspected by Cape May Co. Health Dept.)
- ☐ Copy of vehicle registration (street-licensed units only)
- ☐ Food protection manager's certification (risk 3 operations only - operations that cook, cool, and reheat for hot holding 3 or more menu items.)
- ☐ **\$75 Annual Temporary Food Application Fee (Payable to County of Cape May).** Fee is non-refundable. Fee is waived for non-profit organizations.

I. Temporary Vendor Business Information: Complete details below.

Trade Name/DBA			
Owner/Corporation Name			
Street Address			
City & State		Zip Code	
Owner/Contact Person Name		Phone	
Email Address			
Type of Temporary (Check all that apply): ☐ Tabletop/Tent ☐ Cart ☐ Food Truck ☐ Smoker/Grill ☐ Food Trailer		State & License Plate # of Mobile Unit (If Applicable)	

II. Events/Festivals: List all anticipated events for the year. Use additional page(s) if needed.

Temporary/Special Event:

Name of event: _____

Location of event: _____

Date & Time of event: _____

Event Coordinator: _____

Coordinator Email: _____ Phone: _____

Temporary/Special Event:

Name of event: _____

Location of event: _____

Date & Time of event: _____

Event Coordinator: _____

Coordinator Email: _____ Phone: _____

Temporary/Special Event:

Name of event: _____

Location of event: _____

Date & Time of event: _____

Event Coordinator: _____

Coordinator Email: _____ Phone: _____

Temporary/Special Event

Name of event: _____

Location of event: _____

Date & Time of event: _____

Event Coordinator: _____

Coordinator Email: _____ Phone: _____

Temporary/Special Event

Name of event: _____

Location of event: _____

Date & Time of event: _____

Event Coordinator: _____

Coordinator Email: _____ Phone: _____

III. Equipment Checklist: Check all equipment that will be utilized as part of your operation.

Yes	Not Applicable	
()	()	Insulated container with free-flowing warm water ≈90F (HAND WASHING OPTION #1)
()	()	Portable sink with hot and cold running water (HAND WASHING OPTION #2)
()	()	Wastewater container(s) (min. 5-gallon bucket with tight lid)
()	()	Paper towels and hand soap
()	()	Extra clean/sanitized utensils
()	()	Gloves, deli tissue, tongs, etc.
()	()	Buckets/spray bottles with sanitizer
()	()	Sanitizer test kit
()	()	Overhead protection (e.g. tent or canopy)
()	()	Covered containers, sneeze guards, foil, plastic wrap
()	()	Stem thermometer
()	()	Insulated containers/coolers with ice
()	()	Refrigerators
()	()	Freezers
()	()	Hot holding equipment *The use of chafing dishes and sternos/canned fuel is not recommended for outdoor events.

IV. Menu Details: List entire menu below.

1.	12.
2.	13.
3.	14.
4.	15.
5.	16.
6.	17.
7.	18.
8.	19.
9.	20.
10.	21.
11.	22.

V. Additional Menu Details: Identify foods that require Time/Temperature Control for Safety (TCS foods)

List each menu item that requires temperature control in this column. (41°F or less) (135° or above)	Is menu item commercially processed (CP) or made from scratch (S)? (Write CP or S)	Is menu item prepared/cooked at vending (V) site or servicing area (SA) site? (Write V or SA)	If prepared/cooked at servicing area (SA), does the item get cooled prior to the event?	Is item kept hot (≥135°) during the event?	How do you keep the menu item ≥135°? List type of hot holding equipment.
Menu Item 1					
Menu Item 2					
Menu Item 3					
Menu Item 4					
Menu Item 5					
Menu Item 6					
Menu Item 7					
Menu Item 8					
Menu Item 9					
Menu Item 10					
Menu Item 11					
Menu Item 12					

Check if any of the activities below apply to your operation. If you checked “yes”, you must attach your policy and procedures unless already on file with our office.

☐ Yes ☐ No

Reduced oxygen packaging (vacuum sealing food)

☐ Yes ☐ No

Smoking, curing, fermentation, acidification

☐ Yes ☐ No

Selling or serving raw shellfish (oysters, clams, mussels, etc.)

☐ Yes ☐ No

Preparing food with raw or partially cooked egg (Caesar, hollandaise, tiramisù, etc.)

☐ Yes ☐ No

Cooking and cooling food prior to an event

VI. Layout – Please sketch the equipment layout or floor plan of your temporary operation using the space below. Include location of your *handwash station*, *display table(s)*, *cooking equipment*, *refrigerator(s)*, *cooler(s)*, *food handling table(s)*, etc. If schematic/prints are available for a mobile truck or trailer, attach separate sheet.

A large grid of graph paper, consisting of 20 columns and 30 rows of squares, intended for sketching the equipment layout or floor plan of a temporary operation.

Temporary Food Operations Plan Affidavit

NJAC 8:24 requires persons in charge of retail food establishments to ensure that employees are properly trained in food safety as it relates to their duties and that the proposed training program shall be submitted to the Department of Health prior to the start of operations. The temporary operator may utilize the information listed below as the basis for their training or attach a separate plan for review. If you wish to use this training plan you must sign and submit this affidavit with your application.

- All off-site operations (food prep, warewashing, storage, etc.) are conducted at an approved servicing area and not in a private home.
- Hand washing facilities shall be provided to ensure employees properly wash their hands when necessary. Food handlers shall wash their hands prior to entering the preparation/service area, before engaging in food prep, after using the rest room, and as often as necessary to remove soil and prevent cross-contamination.
- Employees shall use suitable utensils such as deli paper, spatulas, tongs or single-use gloves when handling food and prevent handling ready-to-eat foods with bare hands.
- Employees with communicable diseases which can be transmitted through food or who are experiencing vomiting and/or diarrhea must be excluded from food activities.
- Cold foods shall be kept at 41°F or below for the duration of the event.
- Hot foods shall be served immediately or kept at 135°F or above.
- A stem thermometer is provided to check the internal temperature of foods.
- Extra supply of clean utensils/equipment shall be provided or a three-compartment sink setup must be available to ensure in-use food-contact surfaces are either switched out or cleaned and sanitized every 4 hours.
- Sanitizing solution shall be available for food-contact surfaces. The appropriate test kit shall be available for ensuring appropriate concentration of solution.
- Temporary food set up shall be covered by a tent, canopy or other means of overhead protection.
- Food shall be protected from customer handling, coughing, sneezing or other contamination by use of packaging; sneeze guards; display cases; or other effective barriers.
- An adequate supply of potable water shall be available for handwashing, cleaning, etc. Water must come from an approved public or well water supply. Well water requires routine testing by a certified laboratory.
- Wastewater must be emptied in an approved wastewater disposal system and may not be dumped onto the ground surface or into storm drains.

I hereby acknowledge that I have read, understood, and agree to comply with all the requirements, including but not limited to, what is outlined above. Furthermore, I certify that my employees and I have been trained on and will abide by all food safety regulations outlined in N.J.A.C. 8:24.

Owner Signature: _____

Date: _____

SERVICING AREA AGREEMENT FORM

PART 1 – To be completed by the TEMPORARY VENDOR

Business Name:	
Owner/Operator Name:	
Mailing Address:	
Phone Number:	Email:

I hereby certify that I am familiar with the State law (N.J.A.C. 8:24) requiring all temporary retail food establishments operate from an approved base location (otherwise known as a “servicing area”) where food preparation, equipment cleaning, discharging liquid or solid wastes, obtaining ice and fresh water, and boarding food takes place.

AND

I hereby certify that the above listed information is correct. I also understand that the home preparation and storage of food, or the cleaning of equipment or utensils used in this temporary food operation is prohibited as per N.J.A.C. 8:24-3.1 and 8:24-3.2 and is subject to penalties, fines and possible license forfeiture. If any changes in my operation occur, I agree to notify the Health Department immediately.

Temporary Food Owner’s Name (print): _____ Date: _____

Temporary Food Owner’s Signature: _____

PART 2 – To be completed by the SERVICING AREA OWNER/OPERATOR

Servicing Area Business Name:	
Business Address:	
Business Phone Number:	
Owner/Operator Name:	Owner/Operator Contact Number:
Owner/Operator Email:	Date of Last Inspection:

Check all services provided to temporary operator:			
☐ Food preparation area	☐ Refrigerated space for foods	☐ Well water	☐ Municipal Water
☐ Ice for consumption	☐ Three-comp. sink or dishwasher	☐ Storage of equipment/food items	
☐ Wastewater disposal	☐ Disposal of garbage	☐ Grease/oil disposal	

I hereby certify that the information I have provided is correct. If the temporary food vendor fails to comply with the conditions of this contract, or if this contract is modified or cancelled, I agree to notify the Cape May County Department of Health immediately.

Servicing Area Owner/Operator’s Name (print): _____ Date: _____

Servicing Area Owner/Operator’s Signature: _____

If the servicing area is not inspected by the Cape May County Dept. of Health, a copy of the last inspection report from the local health authority shall be submitted with this agreement.

Note: If this agreement is modified or cancelled, and a new agreement is not provided to this office, your approval to operate a temporary food operation will be subject to suspension or revocation. This agreement shall be effective for no longer than one year.

I, the undersigned, attest to the accuracy of the information provided in this application. Should any changes occur to the operation after approval is granted, such as a change of servicing area or menu, I understand this Department must be notified immediately.

Print Name: _____ Date: _____

Applicant Signature: _____

NOTE: \$75 annual temporary food application fee must be submitted with this application. (Non-profit organizations are exempt.) Applications received without payment will not be processed.

Completed application with payment can be mailed to the address below:

Cape May Co. Department of Health
4 Moore Rd. DN 601
Cape May Court House, NJ 08210

Documentation may also be dropped off in person at the Department of Health. Please note the physical address of the building is 6 Moore Rd. in Cape May Court House. In-person payments of cash, credit and checks can be submitted to the Billing Department located on the first floor.

OFFICE USE ONLY:

Approved Date: _____ Risk Type: _____

Approval Restrictions: _____

Inspector: _____

Disapproved Date: _____ Risk Type: _____

Reasons for Disapproval: _____

Inspector: _____

Notes: _____