



Sussex County Department of Environmental and Public Health Services

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FORM T

Farmers' Market or Temporary Retail Food Vendor Application

Vendor Information

Date of Application \_\_\_\_\_

Trading Name of Vendor \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Event Information

Name of Event \_\_\_\_\_

Location of event (municipality) \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Street address \_\_\_\_\_

Name of Event Coordinator \_\_\_\_\_ phone# \_\_\_\_\_

Email \_\_\_\_\_

Description of Food Unit

- Tabletop/Tent Push Cart Food Preparation Vehicle Refrigerated Vehicle Other

Hours of Operation:

Months, Days & Hours of Operation: \_\_\_\_\_

Description of Food Operation (check all that apply)

- Commercially pre-packaged food Cold foods Raw Meats
Bottled/Canned beverages Frozen Foods Fish
Prepared Beverages Hot foods Shellfish\*
Non-hazardous foods (bakery goods)
Limited food preparation (cook to order)
Potentially hazardous foods (containing animal or plant ingredients)
Advance food preparation at commercial kitchen base of operation only (Risk 3)
Canned/bottled fruit jams and jellies
Other \_\_\_\_\_

Copy of menu must be provided

Copy of Food Handler's Certification if required (Risk 3) must be provided

\* Shellfish tags must be available at time of inspection

NO non-commercially prepared jarred/canned shelf stable or acidified foods for room temperature storage or refrigerated storage will be permitted (except fruit jams and jellies).

**Water** What type of water supply will service your booth?

- Public water supply: Name of supplier \_\_\_\_\_
- On-site drilled well
- Water supply at Frankford Fairgrounds (for events at fairgrounds)
- Commercially Bottled Water Only (receipts available)
- Water carried-in in food grade containers - identify source of water \_\_\_\_\_  
(Source must be tested unless test results already on file with Sussex County HD)

**Wastewater**

Place of waste water disposal from food booth operations (excluding sewage) \_\_\_\_\_

**Food Source and Food Service Operations: NO HOME PREPARED FOODS PERMITTED**

Menu Items: List all foods and beverages given, served, or provided for sampling to the general public  
Add additional sheets if needed.

Food/Drink	Source of Food (Receipts On-site)	Where is food prepared?	
		Off-site: When/where?	On-site: Equipment used

<b><u>Type of Food Protection</u></b>	<b>Equipment or Method</b>
Overhead (Roof, Canopy)	_____
Food Drink Items Stored Off the Ground	_____
Floor Surface Material (dirt covered)	_____
Food Displayed, Wrapped, Covered, or Protected with Sneezeguard	_____

**Cold and Hot Holding**

**Describe how food is maintained at 41 F or below and 135 F or above at all times during:**

Transport to the event: \_\_\_\_\_

Preparation: \_\_\_\_\_

Display: \_\_\_\_\_

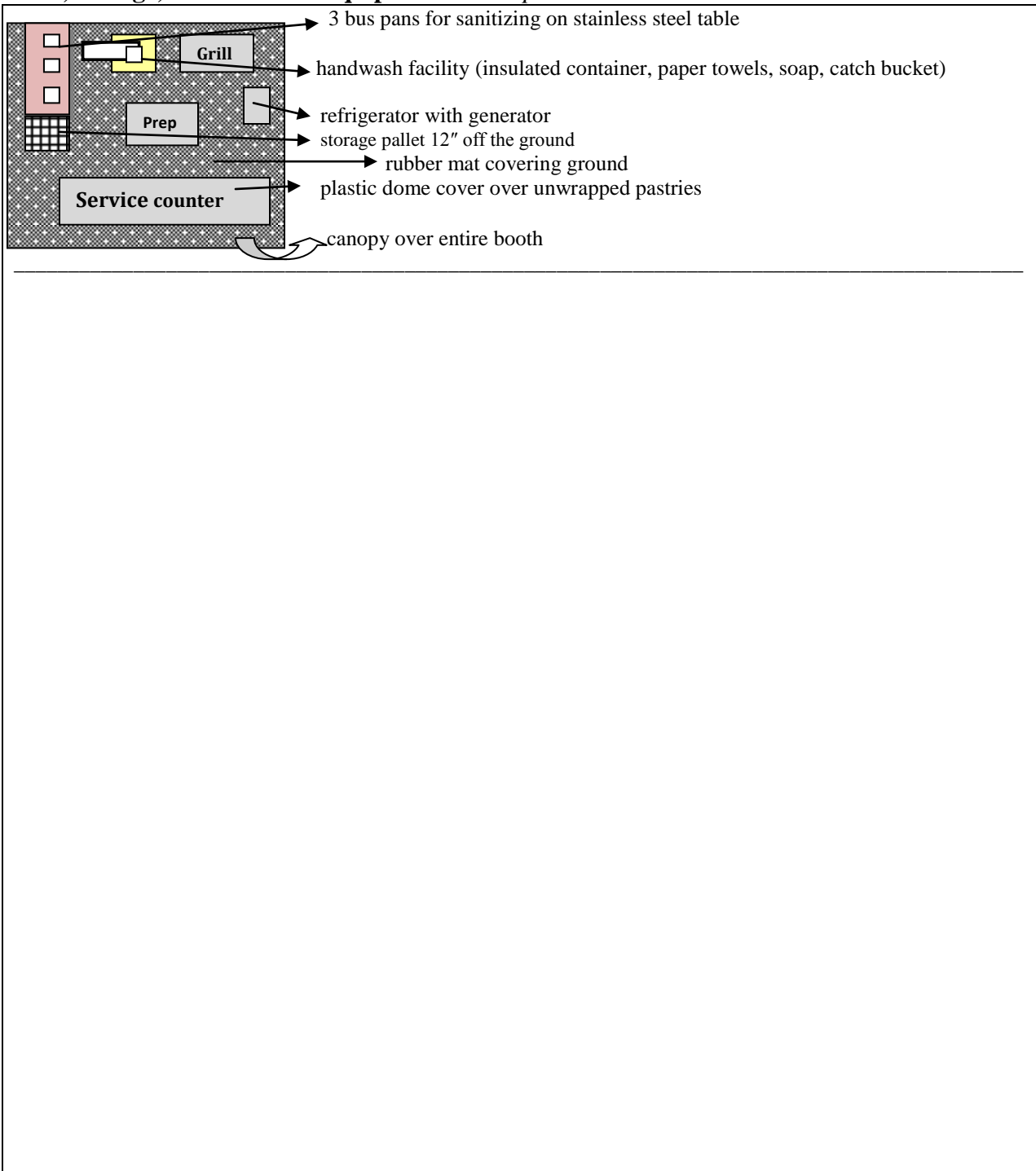
Hot & Cold Unit Storage: \_\_\_\_\_

**ALL LEFT OVER PREPARED FOODS MUST BE DISCARDED**

**Identify equipment used in the temporary food facility:**

<p><b>Required handwash station for all open foods</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 5 gallon insulated container with free flow spigot and 5 gallon catch bucket, liquid hand soap and paper towels <b>OR</b></li> <li><input type="checkbox"/> Hand sink with cold and hot running water, liquid hand soap and paper towels</li> <li><input type="checkbox"/> Hand sanitizer required for pre-packaged food vendors <b>only</b></li> </ul> <p><b>Sanitation if preparing foods:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 3- compartment sink with hot and cold running water <b>OR</b></li> <li><input type="checkbox"/> 3 large pans with potable water</li> <li><input type="checkbox"/> Bucket with sanitizer and wiping cloth <b>OR</b></li> <li><input type="checkbox"/> Spray bottles with sanitizer</li> <li><input type="checkbox"/> Freshwater storage tank ___gallons</li> <li><input type="checkbox"/> Wastewater retention tank ___gallons</li> <li><input type="checkbox"/> Sanitizer test kit</li> </ul>	<p><b>Required equipment:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Thermometers in each cold holding unit</li> <li><input type="checkbox"/> Thermometer to test prepared food temp</li> <li><input type="checkbox"/> Disposable gloves</li> <li><input type="checkbox"/> Waste containers</li> <li><input type="checkbox"/> Recycling containers</li> </ul> <p><b>Power Source</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Electric</li> <li><input type="checkbox"/> Generator</li> <li><input type="checkbox"/> Propane</li> </ul>	<p><b>Cold holding equipment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ice chest with ice packs</li> <li><input type="checkbox"/> Ice chest with drained ice</li> <li><input type="checkbox"/> Refrigerator</li> <li><input type="checkbox"/> Refrigerated truck</li> <li><input type="checkbox"/> Freezer</li> </ul> <p><b>Hot holding equipment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Oven/Stove</li> <li><input type="checkbox"/> BBQ Grill</li> <li><input type="checkbox"/> Gas Grill</li> <li><input type="checkbox"/> Deep Fryer</li> <li><input type="checkbox"/> Smoker</li> <li><input type="checkbox"/> Steam Table</li> <li><input type="checkbox"/> Other _____</li> </ul>
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Provide sketch/layout of the booth in the space below (may be hand-drawn). Include: equipment, cooking area, food prep area, hand wash facility, ware-washing & sanitizing area, storage, etc. Label all equipment. *Example:*



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 the operation is prohibited as per N.J.A.C. 8:24-3.1A 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.

Vendor/Owner/Operator (print) \_\_\_\_\_

Vendor/Owner/Operator (signature) \_\_\_\_\_



VENDOR NAME \_\_\_\_\_

DATE \_\_\_\_\_

**ATTACHMENT CHECKLIST (SUBMIT ALL WITH APPLICATION)**

*All Sections of the application must be completed or it will be returned.*

- Water Testing Records** (private wells only, if not already provided to the Health Department)
- Copy of **Food Protection Managers Certification (Risk 3)**, if required
- Copy of **Food License** for Base of Operation, if not in Sussex County
- Copy of **Inspection Report** or **Inspection Rating Placard**, if not in Sussex County
- Menu**
- Registered Farm (Farmers Market only) Provide other certificates as applicable
- Review fee** payable to the "County of Sussex". Fees outlined in document, "Readme for temporary food establishments."

**BELOW SECTION IS FOR OFFICIAL USE ONLY:**

**APPROVED: DATE:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

Classified Risk Type:  Risk 1  Risk 2  Risk 3  Risk 4 (operations at servicing area only)

Approval Restrictions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inspector: \_\_\_\_\_ Approval Effective Date: \_\_\_\_\_

**DISAPPROVED: DATE:** \_\_\_\_\_

Reasons for disapproval:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inspector: \_\_\_\_\_