



Township of Branchburg

1077 US HIGHWAY 202 NORTH, BRANCHBURG, NJ 08876-3936

TELEPHONE: (908) 526-1300 x183 FAX: (908) 526-7027

www.branchburg.nj.us

OFFICE OF THE HEALTH OFFICER

TEMPORARY FOOD SALES APPLICATION

FEE: \$75.00

- Instructions:
1. Submit an application for EACH booth.
 2. Application **MUST** be received two (2) weeks prior to operation.
 3. Carefully read the attached rules.
 4. Complete the ENTIRE application.
Incomplete Applications will not be accepted.

Name of Organization, Business or Individual: _____

Name of Applicant: _____

Address: _____

Business Phone: _____ Email Address: _____

Cell Number: _____ Home #: _____

Name of Manager of the Concession on the day of the event: _____

Applicant's Signature: _____

Type of Event Held: _____

Address of Event: _____

Dates of Operation: _____

Hours of Operation: _____

Make Checks Payable to: Branchburg Township

Mail Payment and Completed Application to:

Township of Branchburg, Health Department,

34 Kenbury Road

Branchburg, NJ 08876

Phone: 908-526-1300 Ext. 183 // Fax: 908-526-7027

health@branchburg.nj.us



List **ALL** food and drink to be served (menu) and check appropriate answer for each food/drink item:

Food/Drink Item	How Served?	Made to Order?	Food Prep.?	Describe Cooking Method
	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On-site <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On-site <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On-site <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On-site <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On-site <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On-site <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On-site <input type="checkbox"/> Off-Site	
	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On-site <input type="checkbox"/> Off-Site	

Add additional pages if necessary

On-Site Information

Hot Holding Device: No Yes, Type (steam table, stove, etc.) Describe: _____

Fire Dept. approval for compressed gas usage: No Yes

Describe hot/cold temperature control during food transportation: _____

Is food served from a mobile vehicle? No Yes

Out of town food vending vehicles **MUST** list the towns in which they are licensed:

Estimated number of customers per day? _____

Describe on-site hand washing facility: _____

Describe method of obtaining hot running water: _____

Location of toilet facility: _____

Describe fresh water source: _____

Describe wastewater disposal: _____

Describe method of garbage storage and disposal: _____



Off-Site Facilities

Advance Preparation Facility:

Name: _____

Address: _____

Specific dates of use: _____ Hours: _____

Signature of person granting permission: _____

Contact number of person granting permission (required): _____

Food Storage Facility:

Name: _____

Address: _____

Specific dates of use: _____ Hours: _____

Signature of person granting permission: _____

Contact number of person granting permission (required): _____

Utensil Maintenance and Cleaning Facility:

Name: _____

Address: _____

Specific dates of use: _____ Hours: _____

Signature of person granting permission: _____

Contact number of person granting permission (required): _____

A copy of your food handler certificate, retail food license, and health inspection placard is REQUIRED.

The Branchburg Health Department has the legal authority to inspect any and all booths and concessions selling food at any indoor or outdoor function held within the municipality of "The Township of Branchburg".

Attached to this application you will find a list of the procedures that **MUST** be followed regarding the setup and proper operation of **ALL** food booths and concession stands.



RULES AND REGULATIONS FOR TEMPORARY FOOD SALES

1. The preparation of potentially hazardous foods SHALL NOT BE PERMITTED, except that this prohibition shall not apply to:
 - a. Hamburgers, frankfurters and other foods which, prior to service, requires only limited preparation, such as seasoning and cooking; **Or**
 - b. Potentially hazardous food which is obtained in individual servings and is stored in approved facilities which maintain food at safe temperatures (below 45 degrees Fahrenheit or above 140 degrees Fahrenheit) and is served directly in the original individual container in which it was packaged at a food processing establishment.
2. Food handling at the site **MUST** be limited to cooking and final assembly.
3. Home preparation of food is **NOT PERMITTED**, except for baked goods sold by organizations for fund raising events may be used, or those that have a home baker permit.
4. Wash **ALL** produce **BEFORE** bringing it to the site.
5. **ALL** food **MUST** be purchased from a licensed retail or wholesale food outlet.
6. Foods **MUST** be properly packaged and protected from spoilage and adulteration.
7. Foods **MUST** be stored off the ground.
8. Thermometers **MUST** be provided to indicate stored food temperatures. Proper temperatures **MUST** be maintained.
9. Food contact surfaces **MUST** be:
 - * Smooth and easily cleanable.
 - * Maintained in a clean and sanitary fashion.
 - * Protected from contamination where necessary, effective shielding **MUST** be provided, (i.e. sneeze guards, etc.)
10. Single service utensils **MUST** be used. Utensils **MUST** be stored in a clean, dry place and handled in a manner that prevents contamination. The handles **MUST** face up out of the container.
11. Tongs, forks, spatulas, scoops and other utensils shall be provided and used by workers to reduce hand contact with foods.
12. Water **MUST** be from an approved source. All ice **MUST** be made from approved water and protected from contamination. Ice **MUST** be dispensed with a scoop and the scoop **MUST** be stored in a clean container.
13. If packaged or bottled food or beverage is placed in wet storage, iced water with a concentration of 50 parts per million (50 PPM) available chlorine **MUST** be used to kill bacteria. (A capful of liquid bleach per gallon of water will make an acceptable sanitizing solution.)



14. The following general sanitary regulations **MUST** be complied with including but not limited to:
- * Personnel must be healthy and free of communicable disease
 - * Proper hygienic practices must be followed
 - * Clean outer garments must be worn
 - * Hands must be washed frequently and thoroughly
 - * No smoking by food handlers
 - * Hair restraints are required by all food handlers
15. An adequate number of handwashing and toilet facilities **MUST** be provided and **MUST** be easily accessible.
- a. Hand washing facilities **MUST** include:
- i. Hot and cold running water, soap, wash basin and paper towels **or**
 - ii. One bucket large enough to immerse hands, with soap.
Bucket **MUST** be labeled "hand wash".
COMMON TOWELS ARE NOT PERMITTED.
- b. Toilet facilities **MUST** include:
- i. Screened windows and self-closing doors to exclude flies and other insects.
 - ii. They must be maintained in a clean and sanitary condition.
 - iii. Wastes must be disposed of properly to prevent the occurrence of unsanitary conditions.
16. An adequate method of cleaning and sanitizing equipment and utensils **MUST** be provided. One 5-gallon bucket labeled for **WASHING WITH SOAP** is required, one labeled bucket is required for **CLEAN WATER RINSE** and one labeled bucket is required for **SANITIZING** with a minimum of 50-PPM available chlorine solution.
17. **ALL** garbage **MUST** be properly contained in easily accessible plastic or metal containers with tight fitting lids. **ALL** containers **MUST** also be provided with heavy-duty plastic liners. Garbage is to be disposed of on a daily basis. Garbage shall not be allowed to overflow from receptacles.
18. The premises **MUST** be maintained free of litter for the duration of the event. Workers are to periodically collect loss, blowing litter.
19. Mobile food units shall operate from a commissary or other fixed wholesale or retail food establishment and shall report at least daily to such location for all food supplies and for all cleaning and servicing operations.
20. **ANY** other requirement deemed necessary by the Branchburg Health Department to protect the public health in view of the particular nature of the food service operation **SHALL BE MET**.
21. A health department representative will review the information provided and contact the responsible party if there is a need for additional data. It is the responsibility of the organization(s) holding the event to ensure that **ALL** concessions meet the requirements set forth above. If you have any questions, please contact the Health Department at (908) 526 - 1300 Ext. 183, Monday through Friday, between the hours of 8:00 am - 4:30 pm, or email health@branchburg.nj.us.