



Township of Montclair
Tel # 973.509.4970

205 Claremont Avenue
Fax: 973.509.1479

Montclair, New Jersey 07042
Department of Health and Human Services
Susan B. Portuese, Director, Health Officer

Temporary and Special Event(s) Retail Food Vendor Application
Please fill out completely and send to the above address 30 days prior to the event

VENDOR TRADING AS _____

OPERATOR'S NAME _____ *PHONE#* _____

ADDRESS _____ *CITY* _____ *STATE* _____ *ZIP* _____

NAME & LOCATION OF EVENT _____

DATES & HOURS OF OPERATION _____

BASE OF OPERATIONS (For advanced food preparation):

Name of Establishment _____

Address _____ *State* _____ *Zip* _____

County/municipality that inspects this facility _____

(If outside of Montclair, please provide a copy of most recent inspection report)

MENU ITEM	MENU	INGREDIENTS

WHERE WILL FOOD FOR THE EVENT BE PURCHASED? _____

WHERE WILL ICE BE PURCHASED? *(note-ice scoops must be provided)* _____

HOW WILL FOOD BE TRANSPORTED TO THE EVENT? *(check all that apply)*

Refrigerated truck _____

Insulated containers (hot) _____ describe _____

Insulated containers (cold) _____ describe _____

Insulated bags _____ Other _____ describe _____

For Office Use Only

Date Received: _____ Approved By: _____

Comments _____



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APPROX. DISTANCE FOOD WILL BE TRANSPORTED? (miles or hours) _____

COOKING/REHEATING METHODS? (Check all that apply)

Grill _____ Stove _____ Microwave _____ Electric Hot Plate _____
Other _____ (describe) _____

WHAT METHODS WILL BE UTILIZED TO MAINTAIN FOOD PRODUCTS BELOW 41° F
(check all that apply)

Coolers with ice _____ How many? _____
Refrigerators _____ How many? _____
Freezers _____ How many? _____
Other _____ (describe) _____

WHAT METHODS WILL BE UTILIZED TO MAINTAIN COOKED FOOD PRODUCTS ABOVE
135° F? (please check all that apply.)

Steam tables _____ How many? _____
Hot hold cabinets _____ How many? _____
Chaffing dishes _____ How many? _____
Crock pots _____ How many? _____
Other _____ (describe) _____

WHAT TYPE OF OVERHEAD PROTECTION WILL BE USED?

Tent- _____ Umbrellas _____ Enclosed structure _____
Other _____ (describe) _____

WHAT METHODS OF PROTECTING FOOD AND INGREDIENTS FROM CONTAMINATION DURING THE EVENT
WILL BE UTILIZED? (check all that apply)

Plastic wrap _____ Containers with lids _____ Foil wrap _____ Disposable gloves _____
Other _____ (describe) _____

HOW WILL POTABLE (DRINKING QUALITY) WATER BE SUPPLIED TO THE BOOTH FOR UTENSIL WASHING,
HAND WASHING AND OTHER USES? _____

WHAT TYPE OF HANDWASHING FACILITIES WILL BE AVAILABLE FOR FOOD HANDLERS?

(NOTE): Establishments preparing hazardous types of food will be required to have soap and water available.)

Commercially packaged hand wash tissues _____
Container of water, soap, paper towels and waste water container _____
Disposable gloves & waterless hand sanitizer _____
Waterless hand sanitizer _____
Other _____ (describe) _____



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WHAT CLEANING ITEMS WILL BE AVAILABLE? (check all that apply)
(Note- Establishments preparing hazardous types of food will be required at a minimum, to have all items listed below.)

- ◇ Spray bottle with sanitizer (i.e. bleach) & water _____
- ◇ Basins for washing & sanitizing cooking utensils _____
- ◇ Trash cans and trash bags _____
- ◇ Buckets of bleach and water solution _____
- ◇ Cleaning cloths _____
- ◇ Other _____ (describe) _____

IN THE SPACE BELOW, PLEASE PROVIDE A DIAGRAM OF THE BOOTH, SHOWING EQUIPMENT LOCATION AND MATERIALS USED FOR WALLS, OVERHEAD PROTECTION, COUNTERS, ETC.



_____ *One (1) Day: \$10.00*

_____ *Two or more days, maximum 10 days: \$10.00 per day.*

_____ *Seasonal Events (fees to be determined) Dates: _____*

_____ *Application date(s) Cash/Check _____*
