



# Township of West Milford

Department of Health  
1480 Union Valley Road, West Milford, NJ 07480-1303  
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[Health@westmilford.org](mailto:Health@westmilford.org)

## -APPLICATION- TEMPORARY RETAIL FOOD ESTABLISHMENT LICENSE

Valid for a period of no more than 14 consecutive days in conjunction with a single event or celebration

Name of Event: \_\_\_\_\_ Date(s) \_\_\_\_\_

Location: \_\_\_\_\_ Time(s) \_\_\_\_\_

Trade Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_ Tel#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Servicing Area Address: \_\_\_\_\_

(Complete attached servicing area owner verification form. Copy of servicing area Retail Food Establishment License and inspection report required if **not** located in West Milford Township.)

*As per N.J.A.C. 8:24-1.5 Servicing area means an operating base location to which a mobile retail food establishment or transportation vehicle returns regularly for such things as vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food.*

*As per N.J.A.C. 8:24-3.2 (a)2. Food prepared in a private home shall not be used or offered for human consumption in a retail food establishment.*

List the foods that will be sold and preparation method:

Food Item: _____	Prep. Method: _____
Food Item: _____	Prep. Method: _____
Food Item: _____	Prep. Method: _____
Food Item: _____	Prep. Method: _____
Food Item: _____	Prep. Method: _____

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Source of ice: \_\_\_\_\_

Source of water: \_\_\_\_\_

What equipment will be used to maintain food temperatures at or below 41 degrees Fahrenheit? \_\_\_\_\_

What equipment will be used to maintain food temperatures at or above 135 degrees Fahrenheit? \_\_\_\_\_

(A continuous, consistent heat source such as that from gas or electric equipment is required NO wood, charcoal, or sterno.)

How many people do you expect to serve? \_\_\_\_\_

Location of toilet facilities for food service workers? \_\_\_\_\_

(Should be located within 500 feet of the food preparation area)

Source of electricity if provided? \_\_\_\_\_

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- A West Milford Fire Bureau Permit is required for the temporary use of gas cooking units and fryers. Call 973-728-2840 for more information.
  - Handwashing facilities must be provided at your booth. A 5-gallon insulated container of warm water (100 degrees F.) with spigot that can lock in the open position, a wastewater bucket, soap & paper towels are required.
  - Overhead protection (tents) and dust and mud control for dirt or gravel areas (mats, platforms or mulch) must be provided.
  - A stem-type thermometer is required if you serve potentially hazardous food
  - License fee: **\$40.00** Make check payable to: **WEST MILFORD TOWNSHIP**
  - Application must be submitted at least *two (2) weeks* prior to the event

**As per the Code of the Township of West Milford Chapter 163-2: *It shall be unlawful for any person to conduct a retail food establishment without complying with all the provisions of the retail food establishment provisions of the State Sanitary Code as set forth in N.J.A.C. 8:24-1.1 et seq.***

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

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**Food and Drug Administration and Conference for Food Protection  
PRE-OPERATIONAL GUIDE FOR TEMPORARY FOOD ESTABLISHMENTS  
2000**

**Sketch Sheet**

**Drawing of Temporary Food Establishment**

In the following space, provide a drawing of the Temporary Food Establishment. Identify and describe all equipment including cooking and cold holding equipment, handwashing facilities, work tables, dishwashing facilities, food and single service storage, garbage containers, and customer service areas.

Prepared by: \_\_\_\_\_

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**For Health Department Use Only:**

**Approved:** \_\_\_\_\_ **License No.** \_\_\_\_\_ **Denied:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:**

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**Administrative Authority Signature:** \_\_\_\_\_

**Name/Title:** \_\_\_\_\_