



TOWNSHIP OF MOUNT OLIVE

DEPARTMENT OF HEALTH

204 Flanders-Drakestown Road
P.O. Box 450
Budd Lake, NJ 07828
Phone: (973) 691-0900
Fax: (973) 691-7681
www.mountolivetwpnj.org



Retail Food Temporary Event License Application Checklist

Initial and attach corresponding applicable documents.

- ☐ Fully completed application is attached.
- ☐ Completed commissary agreement is attached.
- ☐ Copy of commissary's most recent satisfactory placard OR inspection report is attached.
- ☐ Copy of commissary's license is attached.
- ☐ Vendor's most recent satisfactory placard OR inspection report is attached.
- ☐ Proof of food safety manager's course (ex Servsafe) if selling risk two or above food items. *
- ☐ Copy of liability insurance (COI) naming Mt. Olive Twp. as additionally insured if vendor is operating on township property. Ex: Turkey Brook Park.
- ☐ I have contacted the fire marshal if I have combustible equipment or an open flame. *
- ☐ I understand that if my application/documentation is not complete or I have submitted my application less than 10 business days prior to the event, my application may not be accepted.
- ☐ I understand that I cannot submit payment until my application is approved.

*Risk 1- Only sells pre-packaged, non-potentially hazardous foods. Prepares only non-potentially hazardous foods. Heats only commercially processed, potentially hazardous foods for hot holding and does not cool potentially hazardous foods (ex: hot dog carts and coffee stands)

*Mt. Olive Twp. requires proof of an accredited food safety manager's course for selling risk 2,3, and 4 foods. Refer to N.J.A.C. 8:24.

*Contact Fire Marshall Clerk, Yvonne Giannone, for fire permits/questions at 973-691-0900 Ext. 7337. See attached fire permit application.

ONLY fully completed applications, with attached documentation/checklist will be accepted.

Fully completed applications will only be accepted at minimum 10 business days prior to the event date.

Payment will not be accepted until the application is reviewed and approved. You will receive a call or email once your application/documentation is approved.

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HEALTH DEPARTMENT

Revised: 2/6/2024

COMMISSARY AGREEMENT

A commissary is an approved location, usually a food establishment, where food is stored, prepared, portioned, or packaged for service elsewhere. A commissary may also be used to service and store food vehicles or carts. Once our office approves of this commissary agreement, you may not use a different facility for food preparation and storage without the written approval of Mount Olive Township Health Department.

Persons wishing to operate within the Township of Mount Olive must submit this form for review (check one):

- ☐ A mobile unit or push cart; or
- ☐ A temporary food establishment requiring off-site or advanced food preparation; or
- ☐ A temporary food establishment lasting two days or more; or
- ☐ A farmer's market food vendor or processor stand; or
- ☐ A catering business

The owner or person in charge of the approved food establishment or commissary must complete the following information:

Commissary Owner Information	Commissary Owner Information
Facility Name:	Facility Name:
Contact Name:	Contact Name:
Address:	Address:
City ,State, Zip:	City ,State, Zip:
Phone Number:	Phone Number:
Email Address:	Email Address:

Round trip mileage from commissary kitchen to service location and back: _____ Miles.

Afterhours accessibility – key provided to commissary user? ☐ Yes ☐ No

Commissary tasks (mark all that apply):

- ☐ Cooking foods ☐ Potable water re-supply ☐ Hot Holding foods ☐ Wastewater disposal
- ☐ Raw Meat/Seafood Prep ☐ Cleaning of utensils ☐ Vegetable / Ready to Eat Food Prep
- ☐ Restroom Available ☐ Other Food preparation (trimming, assembly, re-portioning)
- ☐ Dry Goods Food storage (i.e. shelving for dry goods)
- ☐ Refrigerated Food storage (i.e. walk-in cooler, sandwich prep cooler)
- ☐ Cooling of hot foods (If yes, which method: ☐ shallow pan or ☐ ice bath)
- ☐ Other:

I grant permission for _____ to use my facility for the tasks indicated above. This agreement is voided immediately if the commissary owner or user sells or closes his/her business.

Commissary operator signature _____

Date _____

Commissary user signature _____

Date _____

Please attach the most recent sanitary inspection report for commissary being utilized. Incomplete Commissary Agreements will not be approved.

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MOUNT OLIVE TOWNSHIP HEALTH DEPARTMENT TEMPORARY FOOD HANDLING LICENSE APPLICATION

Vendor Name: _____

Vendor's Phone Number: _____

Contact Person's Name: _____

Contact Person's Phone Number: _____

Contact Person's Email: _____

Date and Time of Event: _____

Location of Event: _____

Person in Charge (PIC) of food safety during event: _____

Time Vendor will be set up and ready for inspection on the day of the event: _____

Type of Unit: Tent___ Cart___ Tables___ Other (please specify) _____

Food Product Selling:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Date and Place Food Purchased: _____

Where did you obtain your water from? _____

Where did you obtain your ice from? _____

Food from approved sources (8:24-3.2)

All food shall be obtained from a source which is in compliance with all applicable State and local laws and regulations. All food must be prepared in a licensed food facility.

Food may not be stored, handled, or prepared at home.*

**Exception: Food permitted on vendor's Cottage Food License.*

**Exception: Non-profit charitable 501(c)3 organizations selling non-potentially hazardous baked goods with proper signage on display. Signage shall state, "These items were prepared in a kitchen that is not subject to licensing or inspection by the local health authority."*

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Temperature Safety

Will you be cooking onsite at the event? _____

What equipment will you be using to cook? _____

Temperatures food must be cooked to:

145 °F for fish, pork, and meat

155 °F for ground meat

165 °F for poultry and stuffed meat

A thin-probed thermometer is required to be on site at all times for potentially hazardous food.

Hot and Cold Holding of Potentially Hazardous Foods

Describe how potentially hazardous food will be maintained at 41° F or below and 135° F or above at all times and the equipment used to maintain temperature:

**Some examples of potentially hazardous foods consist of animal products containing milk products, eggs, meat, poultry, fish or shellfish, cooked vegetables, soups, cut melons, salads(macaroni, potato, tuna, chicken etc.)*

Before event: _____

Transportation to the event: _____

Display/storage during event: _____

Do you have a method to rapidly reheat (reheating food to 165° F within two hours) your food items and what is that method? _____

Examples: oven, grill, microwave.

Note: Steam tables, heat lamps, sternos, and crock pots are not designed to rapidly reheat food.

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Check which handwash station you will use:

_____ 5 gallon insulated container with free flow spigot and catch bucket, liquid hand soap, and paper towels.

_____ Hand sink with cold and hot running water, liquid hand soap, and paper towels.

_____ Hand sanitizer **only allowed for prepackaged foods.**

Check how you will clean and sanitize your utensils and equipment:

_____ 3 compartment sink with hot and cold water, soap, sanitizer, and sanitizer test strips.

_____ 3 large pans with potable water, soap, sanitizer, and sanitizer test strips.

_____ Spray bottle with sanitizer or sanitizer wipes for **prepackage foods only.**

Date completed application and attached documentation provided to health department: _____

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Fully completed applications will only be accepted at minimum 10 business days prior to the event date.

Payment will not be accepted until the application is reviewed and approved. You will receive a call or email once your application/documentation is approved.

FEES:

Temporary Event License for Retail Food Vendors: \$50.00 per unit for events lasting 1-4 consecutive days.

Complimentary: \$1.00 for nonprofit organizations with proof of 501(c) 3 tax exempt status.

Applications and attachments may be mailed to the Mt. Olive Health Department, emailed to sdowner@mtolivetwp.org, or hand delivered to the Mt. Olive Health Department.

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