



TOWNSHIP of MONTGOMERY

SOMERSET COUNTY

DEPARTMENT OF HEALTH

Also serving the Boroughs of Hopewell, Pennington, & Rocky Hill

2261 Route 206 Belle Mead, New Jersey 08502

Phone: 908-359-8211 Fax: 908-359-4308 Email: Health@twp.montgomery.nj.us

TEMPORARY RETAIL FOOD APPLICATION

1-2 DAY FEE: \$30.00

3-4 DAY FEE: \$50.00

The Fee is only waived for Public Non-Profit Organizations.

NAME OF APPLICANT: _____

ADDRESS: _____

PHONE: (____) _____ EMAIL: _____

DATE(S) OF EVENT: _____ TIME OF EVENT: _____

ADDRESS OF EVENT SITE: _____

ALL FOOD TRUCKS **MUST PROVIDE** A COPY OF THEIR MOST RECENT HEALTH DEPARTMENT INSPECTION REPORT FROM THE TOWN WHERE THEY ARE BASED IN. Check box if included

PLEASE COMPLETE THE FOLLOWING: *(Answer all Questions - Both sides of Form)*

MENU

HOW SERVED

What kind of meat or poultry will be served?

Hot Cold

Hot Cold

What kind of fish or shellfish will be served?

Hot Cold

Hot Cold

What kind of salads?

Hot Cold

Hot Cold

What kind of beverages?

Hot Cold

Hot Cold

What kind of desserts?

Hot Cold

Hot Cold

Any other foods not previously listed?

Hot Cold

Hot Cold

Method for keeping cold foods at 41° F or below: refrigerator freezer ice chest other (explain) N/A

Method for keeping hot foods at 135° F or above: grill steam table sternos other (explain) N/A

Method used to protect foods on display? sneeze guards display cases/covers other (explain) N/A

OFF-SITE FACILITIES:

Food for the event will be purchased from: _____

Name & Address of where any advanced food prep for the event will be performed, i.e. restaurant or commissary:
(Preparation of food in a “home kitchen” is strictly forbidden!)

If you are cooking with any open flame you will need a separate permit from the Township Fire Official.

I have read the Montgomery Township *Temporary Retail Food Concessions Guidelines* and hereby agree to abide by those procedures. (This documentation is available on Montgomery Township website in the “Forms” section)

Print Name

Signature (of Applicant)

Date

FOR HEALTH DEPARTMENT USE ONLY

Date Received: ____/____/20____ License Number: _____

Date Issued: ____/____/20____ Approved By: _____