



# BOROUGH OF WHARTON ADMINISTRATIVE OFFICES

10 ROBERT STREET, WHARTON, NJ 07885-1997

973-361-8444 / Fax: 973-361-5281

## APPLICATION FOR TEMPORARY FOOD AND DRINK LICENSE FOR CANAL DAY 2009 14 Days or Less \$25

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

Name of Applicant: \_\_\_\_\_

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

Daytime Phone# \_\_\_\_\_, Home# \_\_\_\_\_

Date and Time of Event \_\_\_\_\_

Location of food and drink  
sale \_\_\_\_\_

Description of food services:

❖ Type of food to be served:

\_\_\_\_\_

❖ Means of refrigerating perishable foods:

\_\_\_\_\_

❖ Where will goods be stored and prepared, on site or licensed food facility:

\_\_\_\_\_

(Food **cannot** be stored, prepared or cooked in private homes)

Give names & addresses of suppliers of meat products, shellfish, etc.:

❖  
❖

Note 1. All foods shall be protected against contamination from dust, flies, unclean utensils and work surfaces, unnecessary handling, etc.

Note 2. No license shall be transferable.

In consideration of such license, I hereby agree at all times to conduct the said premises in conformance with the purposes, intent and provisions of New Jersey State Sanitary Code, and other ordinances of the municipality, relating to the conduct of said business.

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

### FOR OFFICE USE ONLY

License # \_\_\_\_\_ Date \_\_\_\_\_

Issued \_\_\_\_\_

Fee \$ \_\_\_\_\_  
Approved \_\_\_\_\_

**BOROUGH OF WHARTON HEALTH DEPARTMENT**  
**Temporary Food License Application**

**Event Name:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Location/Date(s):** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**PLEASE FILL OUT THIS APPLICATION AND RETURN TO THE HEALTH DEPARTMENT AT LEAST 2 WEEKS PRIOR TO THE EVENT.**

***PLEASE ATTACH A LIST OF ALL FOOD HANDLERS.***

List all foods to be sold and all suppliers/purveyors:

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Describe the method of transport from your establishment to the site of the event (if applicable). Include details regarding how food will be kept hot/cold and protected.

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Describe the method of food storage. Include details regarding how food will be held below 40 degrees Fahrenheit or above 135 degrees Fahrenheit.

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Describe the cooking method. (NOTE: FOOD MAY NOT BE REHEATED!)

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How will food be served/dispensed?

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How will food be protected from the public and insects?

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Describe the source of water and ice (for drinks only).

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Identify the location of all restroom facilities:

THREE PORTA-TOILETS ON SITE AT PARK

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NOTE: ALL FOODS MUST BE PREPARED AT YOUR ESTABLISHMENT.  
POTENTIALLY HAZARDOUS FOOD MUST BE KEPT COLD, BELOW  
41 DEGREES FAHRENHEIT, AND HOT, ABOVE 135 DEGREES  
FAHRENHEIT, AT ALL TIMES.

**I WILL ABIDE BY THE ENCLOSED TEMPORARY FOOD  
ESTABLISHMENT REQUIREMENTS AND THE NJ STATE SANITARY  
CODE. ANY DEVIATION FROM THE ABOVE MENU/FORMAT MUST  
BE APPROVED BY THIS DEPARTMENT.**

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**Signature**

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**Date**