

**APPLICATIONS MUST BE RECEIVED NO LATER THAN SEVEN (7) DAYS PRIOR TO THE EVENT.**

**TOWNSHIP OF CRANFORD DEPARTMENT OF HEALTH**

8 Springfield Avenue

Cranford, New Jersey 07016

Phone: 908-709-7238 Fax 908-497-1540

**TEMPORARY FOOD SERVICE APPLICATION**

**PLEASE TYPE OR PRINT CLEARLY:**

Date of event: \_\_\_\_\_ Time of event: \_\_\_\_\_

Arrival Time to set up for food service: \_\_\_\_\_

Name and place of event (school fair, park, etc.) \_\_\_\_\_

Name of Organization/Business \_\_\_\_\_

Contact person \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Types of food to be prepared on site \_\_\_\_\_

Other food served (prepackaged food, soda, etc.) \_\_\_\_\_

Are you presently licensed for proposed food operation? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, by what jurisdiction \_\_\_\_\_

How will perishable foods be kept cold (41 degrees or below)? \_\_\_\_\_

How will hot food be kept above 135 degrees? \_\_\_\_\_

Where will food be purchased (name & address)? \_\_\_\_\_

How will foods be transported (if applicable)? \_\_\_\_\_

How will garbage be kept? \_\_\_\_\_

What type of hand washing facilities will be utilized? \_\_\_\_\_

Location of bathroom facilities to be used \_\_\_\_\_

**FEE SCHEDULE:** For Profit = \$35.00

Non Profit = No Fee

**NOTE: HOME-PREPARED FOOD OR FOOD PREPARED IN AN UNLICENSED ESTABLISHMENT MAY NOT BE PERMITTED DEPENDING ON THE NATURE OF THE FOOD PREPARED (E.I. PERISHABLE OR NOT) FOR BAKE SALES, A PLACARD MUST BE POSTED AT THE SALES LOCATION INFORMING THAT THE FOOD IS PREPARED IN A KITCHEN THAT IS NOT SUBJECT TO REGULATION/INSPECTION BY THE HEALTH AUTHORITY.**

**\*\*ATTACH COPY OF LATEST HEALTH DEPT. INSPECTION REPORT AND LICENSE. (FAILURE TO PROVIDE THESE DOCUMENTS WILL RESULT IN DENIAL OF PARTICIPATION IN REQUESTED EVENT.)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

Date Rec'd \_\_\_\_\_

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

Pd. Amt. (cash, check) \$ \_\_\_\_\_

Inspected \_\_\_\_\_