APPLICATIONS MUST BE RECEIVED NO LATER THAN SEVEN (7) DAYS PRIOR TO THE EVENT.
TOWNSHIP OF CANFORD 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 e 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 __________________________ Pd. Amt. (cash, check) ________________
Date approved: __________________________ Inspected __________________________