

Department of Health
THE TOWNSHIP OF MIDDLETOWN

Mailing Address
1 Kings Highway
Middletown, New Jersey 07748

OFFICE LOCATION:
180 MAIN STREET
PORT MONMOUTH, NJ 07758

TELEPHONE: (732) 615-2095
FAX: (732) 671-8697

WWW.MIDDLETOWNNJ.ORG



Settled in 1664

Richard DeBenedetto, REHS, CMR
Director

David Henry, MPH
Health Officer

TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

DIRECTIONS

- 1) APPLICATION MUST BE COMPLETED. ALL SECTIONS MUST BE FILLED IN, NO EXCEPTIONS.
- 2) THE APPROPRIATE FEE MUST BE INCLUDED WHEN SUBMITTED. SEE THE ATTACHED FEE SCHEDULE. CONTACT THIS OFFICE IF YOU REQUIRE CLARIFICATION.
- 3) YOUR APPLICATION WILL BE REVIEWED AND AN APPROVAL OR REJECTION WILL BE ISSUED.
- 4) SUBMISSION OF AN APPLICATION DOES NOT CONSTITUTE AN AUTOMATIC APPROVAL. ALL INFORMATION MUST BE REVIEWED BEFORE A PERMIT IS ISSUED.
- 5) YOU MUST CONTACT THE MIDDLETOWN TWP FIRE PREVENTION OFFICE TO DETERMINE IF A PERMIT IS ALSO NEEDED.



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REVISED FEBRUARY 2015

For Official Use Only

Paid Cash / Check # _____

Amount: _____

Date Received: _____

APPROVED Y / N

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT (TFE) PERMIT

Directions:

The operator of **each** TFE Site must complete this application completely. **The application must be completed and submitted to the Middletown Twp Health Dept at least 14 days before an event. There is no guarantee that it will be approved if submitted less than 14 days prior to said event. This application is not an automatic approval to operate. If the application is approved, you will be notified concerning the mandatory inspection on the day of the event.**

Fee schedule is attached.

In addition, using the attached Sketch Sheets, each operator must provide:

- a drawing of their temporary food establishment; **(Sketch Sheet 1)**
- a drawing of the **entire event area** depicting their TFE site in relation to the potable water supply, electrical sources, the waste water disposal area, lavatories, etc., as well as all food preparation and service areas at the Event. **(Sketch Sheet 2)**



Date of Submission _____

Name of Temp Food Establishment: _____

Name of Operator/Owner: _____

Mailing Address: _____

Telephone Number (s): _____

Name of Event: _____

Date(s) and Time(s) of Event: _____

Location of Event: _____

Event Coordinator: _____

Date and Time TFE will be set up and ready for inspection: _____

Note: set up time must be a minimum of 3 hours prior to the start of the event to allow for the mandatory inspection.

1. List **all** food and beverage items to be prepared and served. Attach a separate sheet if necessary. (NOTE: Any changes to the menu must be submitted to and approved by the Regulatory Authority at least **10 days** prior to the event.)

2. Will All Foods Be Prepared At The TFE Site? **NOTE: The sale of home prepared food is prohibited.**

_____ **Yes** >> Complete **Attachment A**

_____ **No** >> Complete **Attachments A & B**

If No, the operator **Must** provide a copy of the current license for the permanent food establishment where the food will be prepared.

3. Describe (be specific) how frozen, cold, and hot foods will be transported to the Temporary Food Establishment: _____

3a. How will food temperatures be monitored during the event?

4. Identify the sources for each meat, poultry, seafood, and shellfish item. Include the source of the ice:

5. Using **Attachment C**, record the names, phone numbers, shifts to be worked during the event and the assigned duties of all Temporary Food Establishment workers (paid and volunteer).

6. Describe the number, location and set up of handwashing facilities to be used by the Temporary Food Establishment workers:

7. Identify the source of the potable water supply and describe how water will be stored and distributed at the Temporary Food Event. If a non-public water supply is to be used, provide the results of the most recent water tests.

8. Describe how utensil washing and sanitizing will take place. Describe set-up and disinfectant to be used.

9. a) Describe how and where wastewater from handwashing and utensil washing will be collected, stored and disposed:

b) If portable toilets are to be used, identify the frequency of waste removal:

10. Describe the number, location and types of garbage disposal containers at the Temporary Food Establishment as well as at the event site:

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Middletown Twp Health Dept may nullify final approval.

Signature(s) _____

Date: _____

Approval of these plans and specifications by the Middletown Twp Health Dept does **not** indicate compliance with any other code, law or regulation that may be required (i.e., federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

Regulatory Authority: APPROVAL: _____ DATE: _____

Permit Restrictions: _____

Permit Effective Dates: _____

DISAPPROVAL: _____ DATE: _____

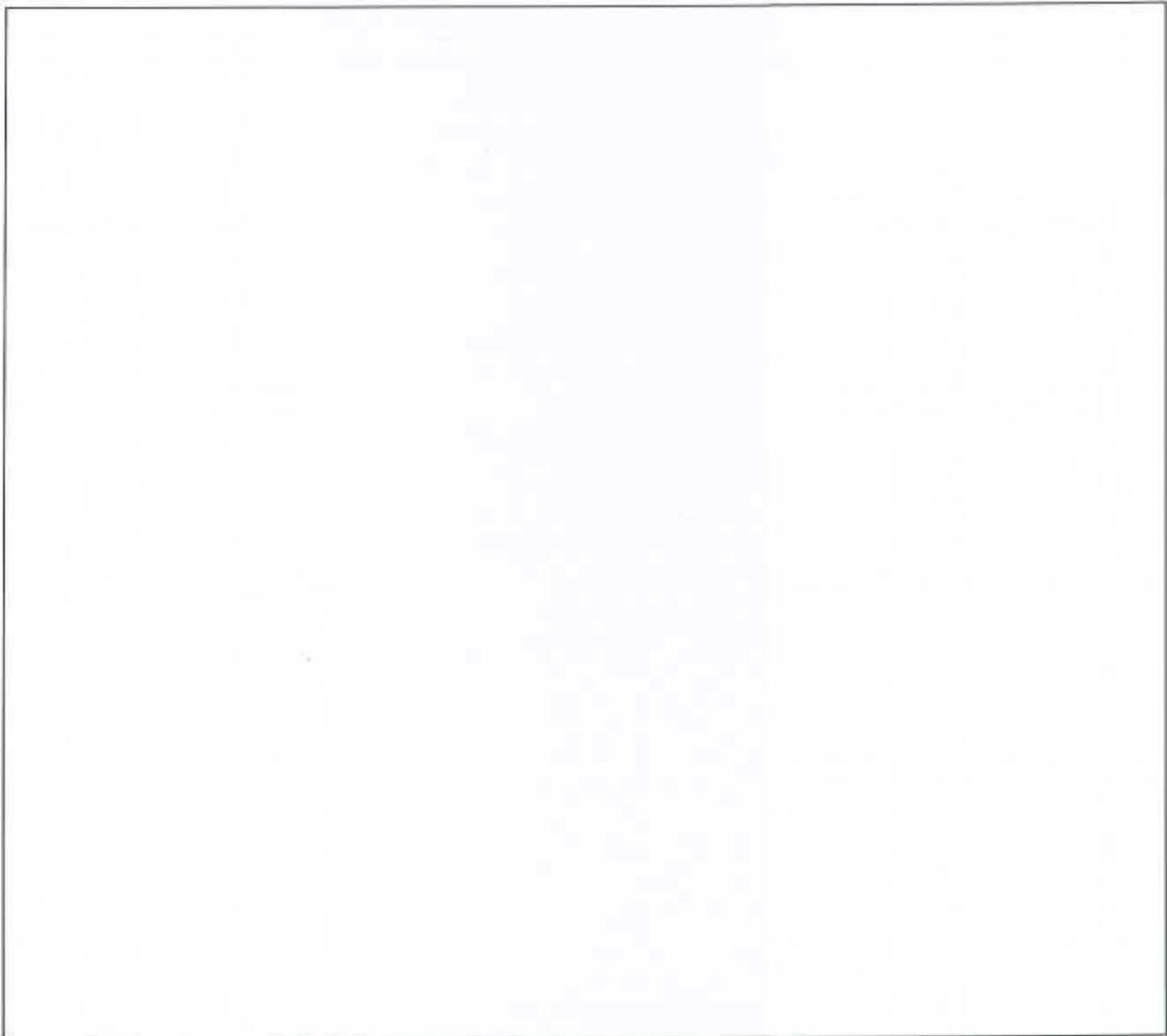
Reason(s) for Disapproval: _____

Reviewer Signature & Title

Date

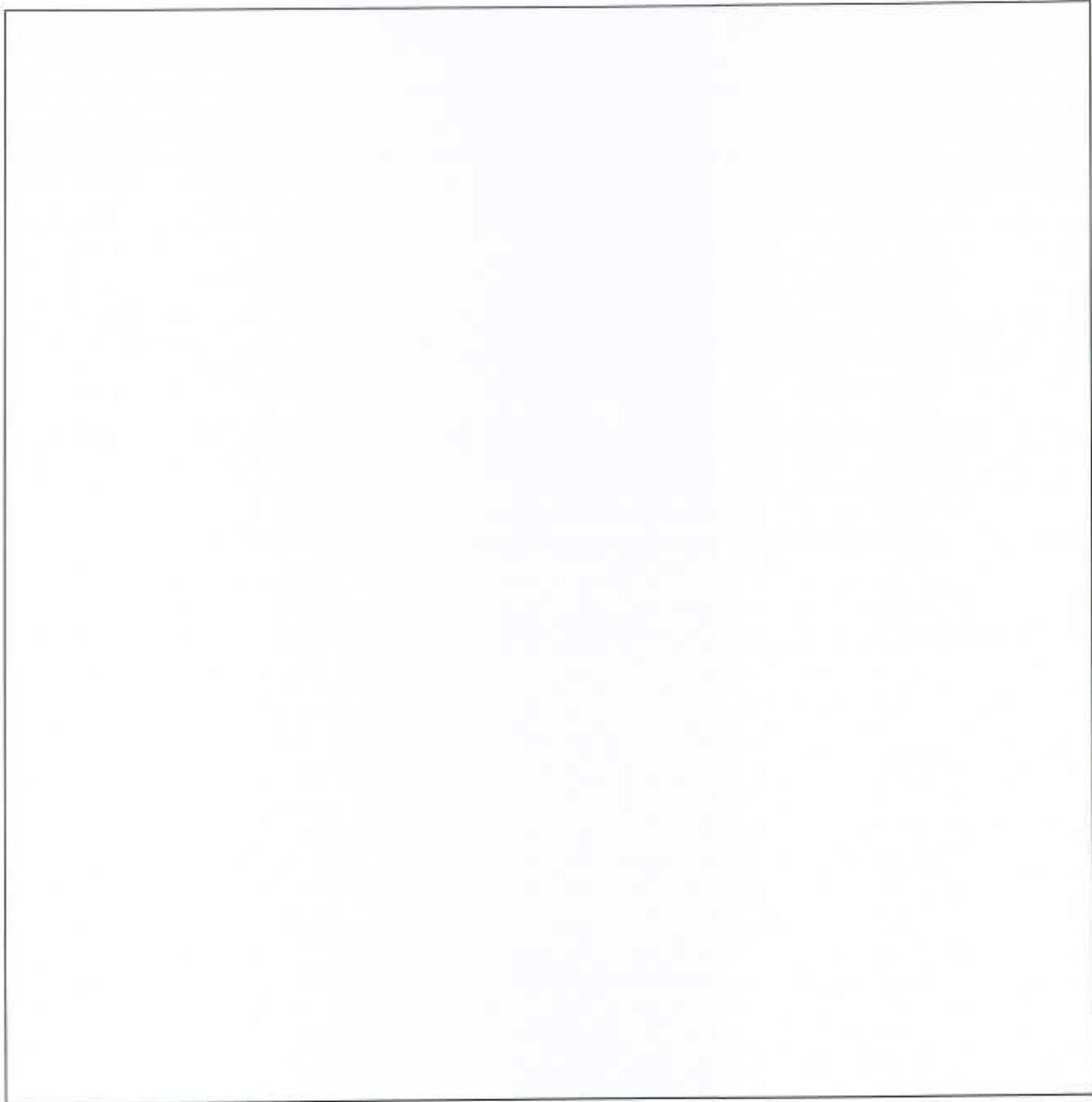
Sketch Sheet 1

In the following space, provide a drawing of the Temporary Food Establishment. Identify and describe all equipment including cooking and cold holding equipment, handwashing facilities, work tables, dishwashing facilities, food and single service storage, garbage containers, and customer service areas.



Sketch Sheet 2

In the following space, provide a drawing of the entire Temporary Event Area including locations of the toilet facilities, garbage facilities, common use dishwashing facilities, the potable water supply, electrical sources, the waste water disposal area, and all food preparation and service areas on the grounds/site of the Temporary Food Event.



Hazardous Foods	DURING NORMAL BUSINESS HOURS	AFTER HOURS HOLIDAYS WEEKENDS	LESS THAN 1 WEEK NOTICE DURING BUSINESS HOURS	LESS THAN 2 WEEKS NOTICE AFTER HOURS HOLIDAYS WEEKENDS
TEMPORARY PERMIT	\$ 75.00	\$ 100.00	\$ 100.00	\$ 150.00
TEMPORARY NON-PROFIT	\$ 0.00	\$ 25.00	\$ 10.00	\$ 50.00
TEMPORARY PERMIT WITH A CURRENT MIDDLETOWN RETAIL LICENSE	\$ 0.00	\$ 25.00	\$ 10.00	\$ 50.00

Temporary Food Handler's Permit for Hazardous Foods
MATRIX 1

Non-Hazardous Foods	DURING NORMAL BUSINESS HOURS	AFTER HOURS HOLIDAYS WEEKENDS	LESS THAN 1 WEEK NOTICE DURING BUSINESS HOURS	LESS THAN 2 WEEKS NOTICE AFTER HOURS HOLIDAYS WEEKENDS
TEMPORARY PERMIT	\$ 25.00	\$ 35.00	\$ 50.00	\$ 75.00
TEMPORARY NON-PROFIT	\$ 0.00	\$ 25.00	\$ 10.00	\$ 50.00
TEMPORARY PERMIT WITH A CURRENT MIDDLETOWN RETAIL LICENSE	\$ 0.00	\$ 25.00	\$ 10.00	\$ 50.00

**Temporary Food Handler's Permit for Non-Hazardous Foods
MATRIX 2**