

**BOARD OF HEALTH  
BOROUGH OF ELMWOOD PARK**

Municipal Building  
182 Market Street  
Elmwood Park, NJ 07407

**Bergen County  
New Jersey**

201-796-1457 ext. 8809  
Fax 201-794-0976

**TEMPORARY FOOD EVENT APPLICATION  
EVENT INFO**

Event Name:	Date of Event:
Time Vendor will be set up for inspection:	Time Frame of Event:
Event Address:	
City:	State: Zip:
Event Coordinator Name/Organization:	
Event Coordinator Email:	Event Coordinator Phone:

**VENDOR INFORMATION**

Business Owner/Entity Name:		
Mailing Address:		
City:	State:	ZIP:
Phone:	Email:	
Onsite Operator:	Phone:	
Site set up: <input type="checkbox"/> Food Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Table <input type="checkbox"/> Tent <input type="checkbox"/> Other:		

**FOOD PREPARATION**

PLEASE NOTE: ANY FOOD PREPPED BEFORE THE EVENT MUST BE PREPARED IN A LICENSED, INSPECTED KITCHEN

Where is food purchased? (Maintain receipts for inspection):			
Where will food be prepared?			
If food is prepared at a commissary, please fill out the following information:			
Commissary Name:			
Commissary Address: City:	State:	ZIP:	Phone:

**MENU INFORMATION**

Menu Items to be served: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PRE-SCREENING DOCUMENTATION REQUIRED

Copies of the following items must be submitted with your application prior to the event:

1. Business License and Certificate of Insurance
2. Food Safety Program Certification
3. Last Inspection report
4. Commissary License – if applicable
5. Commissary Inspection report – if applicable
6. Photos of truck equipment and sinks – if applicable for truck or trailer

All stages of food activities require Health Department oversight. Commissary kitchen paperwork in another business name will not be accepted.

### FEES

**\$35.00 PER DAY**

**\$35.00 PER EVENT**

I certify to the best of my knowledge that all information supplied is true and correct. I have received, read and understand "Requirements for Temporary Food Events." I understand that event participation approval is based on Health Department application review and vendor pre-screening.

Signature: \_\_\_\_\_

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

For Office Use Only  
Reviewed and Approved by:

Name:	Date:
Fee:	Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check CK# _____
Fee paid by: <input type="checkbox"/> Promoter <input type="checkbox"/> Directly	