LONG BEACH ISLAND HEALTH DEPARTMENT

2119 Long Beach Boulevard

Ship Bottom, New Jersey 08008



www.lbihealth.com (609) 492-1212

E-mail: lbihd@lbihealth.com Fax (609) 492-9215

**APPLICATION TO OPERATE A TEMPORARY FOOD ESTABLISHMENT**

**TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.**

|  |  |
| --- | --- |
| **OPERATOR INFORMATION** | **EVENT INFORMATION** |
| **Name of Owner and Business:** | **Event Name:** |
| **Mailing Address:** | **Location:** |
| **City/State/Zip Code:** | **Address:** |
| **Phone Number:** | **City:** |
| **Email:** | **Hours of TFE Operation \*\*(Include time set-up will begin) \*\*** |
| **Date(s) of Event:** | **List multiple events with no menu changes here:** |
| **Event Organizers Name:** | **Facility Type:**  Booth  Mobile Food Establishment  Permanent Building Food Cart |
| **On-Site (Person in Charge) Contact:** |

|  |  |
| --- | --- |
| **FOOD INFORMATION: LIST ALL FOOD/BEVERAGE PRODUCTS THAT WILL BE PREPARED, SOLD OR GIVEN AWAY** | |
| **List Menu Item** | **Prepackaged, Prepared on Site, or Other Location \*\* Source of Food Product** |
| **Example:**  *Hamburgers* | *Ingredients prepared at restaurant, cooked and assembled on site**US. Foods* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**\*\* For food items that will be prepared at licensed facilities outside of Long Beach Island, please provide most recent health inspection report. A signed commissary agreement is required if you are not the owner. Prepackaged items for consumer self-service require labels.**

|  |  |
| --- | --- |
| **TEMPORARY FOOD ESTABLISHMENT REQUIRMENTS** | |
| **Booth Construction:**  Overhead Covering: Canvas Wood | Other: |
| Floor:  Asphalt  Concrete  Wood | Other: |
| Walls: Screens Concrete Wood | Other: |
| Booth Supplied By: Food Operator  Event Organizer |  |
| **Sketch the general layout of the Temporary Food Establishment on page 3 of the application**. | |
| **Utensils and Equipment**  Single-serve eating and drinking utensils  Multi-use kitchen utensils  Type of Utensils Washing Set Up:  Three basin set-up  Shared three compartment sink  Three compartment sink at food establishment  Sanitizer to be used:  Chlorine  Quaternary  Ammonia  Iodine | **Handwashing Facilities**  Provided by:  Event Coordinator  FE Operator  Type of handwashing facility:  Gravity-fed water with spigot/bucket  Self-contained portable unit (with potable water and waste  Water holding tanks)  Plumbed with hot and cold water under pressure  **Hand Soap, single-use towels, and trash receptacle must be provided at all handwashing sinks.** |
| **Food Storage or Display Equipment**  Identify all holding equipment that will be used:  Refrigerator  Cooler with ice  Portable Food Warmer Other:\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Toilet Facilities for Food Employees**  Provided by:  Event Coordinator  Operator |
| **Cooking Equipment**  Identify all cooking equipment that will be used:  Grill Griddle  Fryer Burner  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Electrical Supply:**  Refrigerator or Freezer available |
| **Food Transportation:**  Identify how food will be transported to event: | **Refuse Removal:**  Identify responsible party for waste removal: |
| **Food Employees:**  Certified Food Manager available? Yes  No  Name:  # of food employees: | **Liquid Waste Removal:**  Identify responsible party for liquid waste removal: |

**STATEMENT: I hereby certify that all information provided is correct, and I fully understand that any deviation from the information provided without prior approval from the Long Beach Island Health Department may nullify final approval. I further agree to comply with all temporary retail food establishment requirements.**

**Applicants Name (Print):**

**Applicants Signature:**

**DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY**

|  |  |  |
| --- | --- | --- |
| **Application Approved**  Yes No \* See reasons below | **Risk Category**  Food Service Type 1  Food Service Type 2  Food Service Type 3 | **Reviewer Signature/Title:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Reason(s) for Disapproval:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LONG BEACH ISLAND HEALTH DEPARTMENT

2119 Long Beach Boulevard

Ship Bottom, New Jersey 08008



www.lbihealth.com (609) 492-1212

E-mail: lbihd@lbihealth.com Fax (609) 492-9215

**Temporary Food Establishment Regulations (summary)**

1. All foods must be from an approved source (i.e. licensed restaurant).

**No Food Prepared at Home shall be Sold or Given Away.**

1. All participants must submit completed temporary food application 2 weeks prior to the event. Indicate the **Person in Charge** familiar with New Jersey food code who will be in charge of all food safety aspects.
2. All non-LBI participants must submit a copy of a current “Satisfactory” placard from their local health department.
3. A list of foods sources shall be made available to the Department upon request.
4. Each dealer(s) tags for shellfish served shall be kept on file for 90 days. If displayed on ice it shall be self-draining.
5. Temperature controls shall be provided for potentially hazardous foods.
   1. Cold foods shall be maintained at **41° F**, *or* below.
   2. Hot foods shall be maintained at **135° F**, *or* above.
   3. Food in transit must be protected from contamination and must meet the temperature

requirements noted above.

* 1. Food **thermometers** must be on hand and used to check temperatures at least hourly.
  2. Sufficient equipment necessary for the cooking and maintenance of all potentially hazardous foods at required temperatures such as grills, fryolators, steam tables, refrigerators, insulated carriers, etc., shall be provided.

Note: The use of steam tables or other types of hot holding equipment for reheating of

potentially hazardous foods is prohibited. Reheated food shall be **rapidly** heated to **165°** via stove burner or oven.

1. All foods must be protected from contamination. **No uncovered, unwrapped, unpacked or unprotected foods** (including condiments) shall be displayed for self-service or exposed to the public on counters or table tops (use effective sneeze guards).
2. All foods shall be stored at least (6) inches off the ground or floor.
3. All prepackaged foods must be **labeled** or have a sign posted identifying the food item, the

ingredients, and the name and location of the manufacturer.

1. **Ice** shall be obtained from an approved source. Ice intended for consumption shall be properly

protected and stored separately from ice used for refrigeration purposes.

1. All food handlers must **wash their hands** with soap and water prior to the start of food preparation activities and especially after visiting the restroom or smoking.
2. NO BARE HAND CONTACT WITH READY TO EAT FOODS! Food handlers shall use suitable utensils such as deli tissue, spatulas, tongs, single use gloves, or dispensing equipment.
3. Toilet facilities shall be conveniently available for the operators and employees.

LONG BEACH ISLAND HEALTH DEPARTMENT

2119 Long Beach Boulevard

Ship Bottom, New Jersey 08008



www.lbihealth.com (609) 492-1212

E-mail: lbihd@lbihealth.com Fax (609) 492-9215

Checklist for temporary food service

* Plentiful supply of gloves
* Hair restraints
* Separate containers for wash-rinse-sanitize & sanitizer if ware washing on-site
* Handwashing supplies if station not provided (5 gallons of water, pump soap, paper towels)
* Garbage containers
* Thermometers
* Utensils and clean replacements
* Containers with covers for food (or plastic wrap)
* Sneeze guards
* Equipment for adequate hot and cold holding
* Wrapped single service utensils
* Proper sanitizing agents (wet rags in sanitizing solutions, spray bottles etc.)