

EDISON

Sam Joshi, Mayor



DEPARTMENT OF HEALTH 100 Municipal Blvd, Edison, NJ 08817
health@edisonnj.gov 732-248-7290

TEMPORARY RETAIL FOOD ESTABLISHMENT APPLICATION

Location of Event: _____

Date of Event: _____ Time you will be on Site: _____

Name of Caterer: _____ Phone #: _____

Address of Caterer: _____

You must submit a copy of your commissary's last inspection report along with this application.

Contact Person on Site: _____ Cell Phone #: _____

Proposed Menu: _____

Facilities to maintain cold foods (specify): _____

Facilities to maintain hot foods (specify): _____

Hand Wash & Sanitizing Facilities Must Be Provided

| | | |
|-----------------------|----------------------------|------------------------------------|
| Frozen Foods <0F | Refrigerated Foods <41F | Disposable Plastic Gloves Required |
| Re-Heated Foods >165F | Hot Holding of Foods >140F | Stem Thermometer Required |

FEES:

| | |
|---|----------|
| One location for more than three (3) consecutive days | \$200.00 |
| One location for not more than three (3) consecutive days (one event) | \$75.00 |

- No applications will be accepted any later than 48 hours prior to the event.

Name on Card: _____

Card #: _____ Exp: _____

CID: _____ Billing Zip Code: _____ Visa/Mastercard/Discover/AMEX

Signature of Applicant

License Number: _____

License Expires: _____