



Municipal Government Center
20 Centre Avenue
Secaucus, N.J. 07094

Mailing Address: Municipal Government Center
1203 Paterson Plank Road
Secaucus, N.J. 07094

Tel: 201-330-2031
Fax: 201-330-2037
Email: caguilera@secaucus.net
Town Web: www.secaucusnj.org

Temporary Event Checklist

The following information must be submitted to the Health Department by the Event Organizer via email:

- Name, date and times of Event
- Event Organizer's contact information for days of the event
- List of all food vendors
 - Business name, contact person, contact number, email
- Set up time of vendors
- Layout plan of event (location of each food vendor)
- Permission letters, on a company letterhead, for any mobile retail vendors (Food Trucks) that will be present at the event.

The following documents must be submitted to the Health Department for each food vendor:

- Applications can be completed online at <https://www.cognitoforms.com/Townofsecaucusgmailcom/SecaucusBoardOfHealthTemporaryEventApplication>
- Paper Applications can also be completed (attached). Paper applications must also include the following documents for *each* vendor: These requirements/attachments can be completed on the online application as well.
 - Retail Food Establishment's most recent Sanitary Health Inspection
 - Copy of Food management certifications for any personnel handling food at the event
 - Copy of menu that will be served to the public

Applications and proper paperwork should be submitted to the Health Department *no later* than two weeks prior to the event. If there are last minute vendors added, The Health Department *must* be notified immediately.

Included in this packet: (1) Temporary Event Checklist, (1) Temporary Event Application (1) Temporary Food Vendor Checklist.

Temporary Event APPLICATION

Secaucus Health Department **A:**1203 Paterson Plank Road Secaucus, NJ 07094 **P:**201.330.2031 **E:**caguilera@secaucus.net

Office Use Only

Date:

Check #:

License #:

Amount Paid:

Fee \$25.00 per day

Fees are nonrefundable

BUSINESS INFORMATION

Business Name:

Mailing Address:

Business Address:

Contact:

Business Phone:

Fax:

Email:

BUSINESS DESCRIPTION INFORMATION

Event Name: _____ Location/Address: _____

Dates: _____ Time: _____

(If your dates exceed seven days, you may be eligible to obtain an annual license. Ask for information)

Menu Information: Type of products involved and basic delivery information (sources). Please attach a copy of the menu.

All foods should be obtained from a licensed commissary. Pursuant to N.J.S.A. 8:24-3.2: NO HOME PREPERATION IS ALLOWED.

Indicate where you will obtain or prepare foods:

Commissary Name: _____ Phone: _____

Address: _____

Attach any recent health inspections, food management certifications, and a copy of the menu items to be served relevant to your retail food establishment or business.

If you have more than one table, truck, cart, stand, etc., they must all be licensed separately. Please total your payment accordingly.

Total Number of Dates Requested: _____ @ \$25.00 per day = \$ _____.

*(If Applicable): Total: _____ X _____ = \$ _____.

(Number of Vendors)

Temporary Event APPLICATION

Secaucus Health Department **A:**1203 Paterson Plank Road Secaucus, NJ 07094 **P:**201.330.2031 **E:**caguilera@secaucus.net

The fee to operate this business is \$25.00 per day. Payments may be made with a business check, bank check, or money order. *No cash or personal checks.* Make all checks and money orders payable to the "Secaucus Board of Health." Payment must be submitted with this application to be considered for approval. Please send your payment and a copy of this application to the address listed above.

Only Complete If This Application Is For A Mobile Truck:

*Vehicle License Plate: _____

*State Tax ID #: _____

Mobile food vendors must submit a letter of permission, on a company letterhead from the property owner on which they will vend. Please attach to this application.

Please Read Carefully:

This is a temporary vending application. If your license request is accepted, you may operate ONLY at the locations submitted during the dates noted. Any operation at any location on any date within Secaucus that is not covered by your license is unlawful and may result in a penalty and summons to appear in court. Please note that applications and additional paperwork must be submitted to our office no later than two weeks prior to the event.

If you wish to obtain an annual license to conduct sales throughout the year, please call the Health Department for information on eligibility.

REQUIREMENTS

Any late payments will result in a penalty of \$100.00. Bounced checks will result in a penalty of \$20.00. Failed inspections will result in a penalty of \$40.00. Continuing to violate any portion of the applicable laws for your business will result in fines or a summons to appear in court.

An inspection will be conducted on at least one day of your temporary operations. Any failures will result in a close of operations until the matters can be corrected. Any operations without a visible license on site may also result in the close of operations. The license issued by this department MUST be present during all dates of operations. **No refunds will be given after payment is received, regardless of event cancelation, etc. As long as we have you on schedule, payments/licensing can be made close to, but must be prior to, the event. Please allow at least 3 to 4 business days prior to the event for the license to be mailed.**

Holding a license is a privilege, not a right. Failure to meet any of the above criteria will serve as a reason for non-issuance of a license. Further, violation of the sanitary code or other applicable state or local laws may serve as a reason for revocation of your license, legal action, fines, or a possible summons to appear in court. Your cooperation is anticipated.

Please call the Health Department with any questions you may have regarding this application.

"I hereby declare that I will comply with all of the requirements of the ordinances and regulation of the Town of Secaucus, and that under penalty of perjury, the statements and documents constituting a part of this application are true, correct and complete to the best of my knowledge."

Applicant's Signature:

Title:

Print Name:

Date:

Temporary Food Vendor Checklist

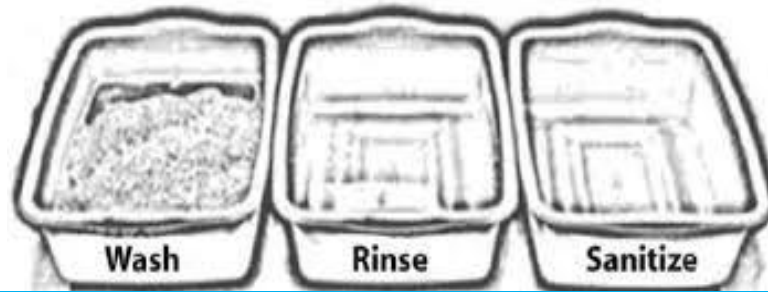
Checklist

Home preparation and storage of food products is strictly prohibited under N.J.A.C 8:24

- Make sure all refrigeration/freezer units are operational and have thermometers.
- Refrigerator temperatures must be 41 degrees (F) or below.
- Freezer temperatures must ensure that the food is frozen solid.
- Hot holding units must be 135 degrees (F) or above, a bayonet/stem thermometer with a thin tipped probe shall be available to monitor temperature of hot foods.
- Food on display shall be protected from contamination by the use of covering, packaging or other effective means.
 - Dry food must be stored at least 6 inches off the ground.
 - There must be proper storage for food and utensils.
- Condiments shall be protected from contamination.
- Cutting boards shall be free of excessive scratching and scoring.
- Food employees shall wear hair restraints such as hats, hair covering or nets, and clothing that covers body hair.
- Bare hand contact with ready-to-eat food is prohibited. Food handling employees must use suitable utensils (such as deli tissue, spatulas, tongs, single-use gloves, etc.)
- Proper garbage and recycling receptacles with lids shall be provided at each vendor location.
- Food storage containers must be maintained in a clean and sanitary manner.
- Food vendor areas must be maintained in a clean and sanitary manner.
- Oil and refuse must be properly disposed.
- All raw shellfish vendors must provide harvest tags from approved vendors for review at the time of the inspection.
- Adequate hand cleansers, disinfecting wipes, and sanitizers must be provided.
- Food handling employees handling cash transactions must dispose of hand gloves before serving other customers.
- Temporary food vendor permits must be displayed during event.
- 3 receptacles that substitute for the compartment of a multi compartment sink: to wash, rinse and sanitize.
 - Must be used to clean utensils and other kitchenware.
 - Sanitizing solution must be continuously used or an intermittent flow.

Checklist

Proper Set-Up



- Provisional handwashing station with soap and paper towels must be present.



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NOTE: This list serves only as a guidance document to ensure vendors provide consumers with food that is safe and unadulterated. Additional requirements may be imposed by the **Secaucus Health Department** as per **N.J.A.C 8:24**