

**THIS FORM MUST BE ACCOMPANIED BY
THE REQUIRED \$75 INSPECTION FEE.
FEE IS PAYABLE BY CASH (EXACT CHANGE)
OR A CHECK MADE PAYABLE TO:
BOROUGH OF CALIFON.**



**Borough of Califon
39 Academy Street
PO Box 368
Califon, NJ 07830**

**APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD CONCESSION
MUST BE SUBMITTED 10 DAYS BEFORE THE EVENT**

EVENT INFORMATION:

NAME OF EVENT: _____ DATE(S) OF EVENT: _____

LOCATION: _____ TIME OF EVENT: _____

EVENT COORDINATOR:

NAME: _____ ORGANIZATION: _____

PHONE NUMBER (DAY OF EVENT): _____

EMAIL: _____

VENDOR INFORMATION:

NAME OF FOOD BOOTH/TRUCK: _____

BOOTH: _____ FOOD TRUCK: _____

CONTACT PERSON (Vendor):

NAME: _____ EMAIL: _____

PHONE NUMBER (DAY OF EVENT): _____

NUMBER OF BOOTHS: _____

COMMISSARY INFORMATION (BASE OF OPERATIONS):

NAME: _____

ADDRESS: _____

**MUST BE A LICENSED AND INSPECTED FACILITY. FOOD ITEMS MAY NOT STORED OR PREPARED IN A PRIVATE HOME
UNLESS THE FOOD ITEMS FALL UNDER THE COTTAGE FOOD REGULATIONS AND YOU HAVE A COTTAGE FOOD**

OPERATOR PERMIT (N.J.A.C. 8:24-11). FOR ALL OTHERS, PROVIDE A COPY OF THE MOST RECENT INSPECTION PLACARD FROM YOUR COMMISARY.

COMMISSARY INFORMATION PROVIDED: _____

IF UNDER THE COTTAGE FOOD REGULATIONS, PROVIDE A COPY OF PERMIT: # _____

LIST OF ALL FOOD AND BEVERAGE ITEMS BEING SOLD:

_____	_____	_____
_____	_____	_____
_____	_____	_____

HOW WILL YOU KEEP COLD FOODS COLD (**41 DEGREES FARENHEIT OR BELOW**):

HOW WILL YOU KEEP HOT FOODS HOT (**135 DEGREES FARENHEIT OR ABOVE**):

HOW WILL YOU PREVENT BARE HAND CONTACT WITH READY TO EAT FOODS:

DESCRIBE HANDWASHING FACILITIES AT YOUR BOOTH:

DESCRIBE WAREWASHING FACILITIES AT YOUR BOOTH:

METHOD OF SOLID WASTE DISPOSAL:

WATER SOURCE: _____

ICE SOURCE: _____

FOOD/BEVERAGE SOURCE: _____

CLERK'S OFFICE:

BILLABLE _____ FEE EXEMPT _____

HANDOUT GIVEN (Sanitation Regulations for Temp. Food Concessions): YES: _____ NO: _____

REVISED 2/26/24.