OFFICE USE ONLY
Date Received: _____
Date Issued: _____
Permit #: _____
Fee Amount: _____
Fee Paid: □ Check □ Cash

Borough of River Edge
705 KINDERKAMACK ROAD, RIVER EDGE, NEW JERSEY 07661 • 201-599-6300
FAX: 201-599-0997

RIVER EDGE HEALTH DEPARTMENT
APPLICATION FOR TEMPORARY FOOD EVENT PERMIT
FEE $35.00 REQUIRED

(Please make check payable to the Borough of River Edge)

EVENT INFORMATION:

Date of Event: _____ Time of Event: _____ to _____

Name of Event: _____

Location & Street Address of Event: _____

Event Coordinator Name: _____

Event Coordinator Phone #_____

Event Coordinator Email Address: _____

MOBILE FOOD VENDOR INFORMATION:

Name of Mobile Food Vendor: _____

Type of Mobile Vendor: Table/Booth__ Mobile Retail Truck__ Pull Cart/Trailer__ License Plate No: _____

Name of Commissary: _____

Address of Commissary: _____ (Commissary agreement required, if applicable)

Contact Name for Mobile Vendor: _____Contact Phone #_____

Vendor Email address: _____

FOOD SAFETY QUESTIONS:

What food will be served? _____

Where will food be purchased? _____

Where will the food be prepared? _____

How will food be kept at proper hot/cold temperatures during transportation, while on display, and while on site for storage? _____

How will you eliminate bare hand contact with ready-to-eat food? _____

List all the food handler/managers that will be on site during the event? (NJ DOH Approved Food Manager/ Handler Certifications only): _____

All responsible parties submitting this application and attached fees shall be received by the health department at least 2 weeks prior to the date of the event. Pre-screening of the vendors is required to ensure operational compliance for all food vendors and that they are compliant with the most recent standards of State Chapter 24 of Sanitation in Retail Food Establishments and Food and Beverage Vending Machines. During pre-screening, the River Edge Department of Health reserves the right to refuse a vendor to participate if they fail to submit all required paperwork, a completed application with fees or meet food safety standards.

Thus, I certify to the best of my knowledge that all information and any additional supplements supplied are valid and correct. I will ensure that vendors will operate as per the requirements of N.J.A.C. 8:24.

Signature of Applicant: _____Date: _____

For Office Use Only:
Reviewed & approved by: _____ Date: _____