

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: _____