Boonton Health Department
Universal License Application

Establishment T/A: _____

Establishment Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____Fax #: _____ e-mail:_____

Owner: _____

Address: _____ Telephone #: _____

City: _____ State: _____ Zip Code: _____

Questions: phone - 973-835-5700 ext. 197 e-mail - tzachok@pequannocktwp.org

Please mark (x) the appropriate license class which applies and submit fee. ***Checks must be made payable to:***

Pequannock Township (or they will be returned.) **Mail:** 530 Turnpike, Pompton Plains, N.J. 07444

Retail Food Establishments

☐ No Seating Area	$ 100.00
☐ 1 to 24 Seats and/or under 1,000 Square feet	$ 100.00
☐ 25 to 74 Seats and/or 1,001 - 5,000 Square feet	$ 200.00
☐ 75 to 99 Seats and/or 5,001 - 10,000 Square feet	$ 250.00
☐ 100 seats and over and/or over 10,001 Square feet	$ 350.00
☐ Side Walk Café (one–time fee; in addition to food license fee)	$ 25.00
☐ Supermarket	$ 225.00
☐ Mobil / Itinerant	$ 100.00
☐ Wholesale Food Distributor	$ 150.00
☐ Prepackage	$ 100.00
☐ Temporary (Max 7 Days) ***Please list name of event, times & locations on back***	$ 65.00
☐ Institution	$ 75.00
☐ Farmers Market	$ 100.00
☐ Non-Profit	$ 0.00

☐ Vending

Vending Type	Number	Fee	Total Fee
Beverage		$ 25.00	
Food		$ 25.00	
Gum Ball		$ 5.00	
Location			

Regulatory

☐ Swimming Pool	$ 0.00
☐ Massage	$250.00
☐ Tanning Facilities	$ 75.00
No. of beds____	$ 10.00 each

Body Art Initial License and Annual Renewal

☐ Tattooing	$250.00
☐ Permanent Cosmetics	
☐ Body Piercing	

Kennel/Pet Shop License

☐ Pet Shop	$ 25.00
☐ Kennel <11 Dogs	$ 25.00
☐ Kennel >10 Dogs	$ 50.00

All licenses expire on December 31st of the year in which it is issued and is not transferable. This license may be revoked by action of the Board of Health for failure to comply with applicable State and Local Standards.

_____
Signature of Owner/Agent

Date:_____

Office Use Only:
Date:
License #
Fee Paid

☐ Check #
☐ Cash

Up to 7 Temporary Events may be attended with 1 license.
All events must be listed at time of licensing.

Name of Event:_____
Location:_____
Date:_____
Time:_____

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Location:_____
Date:_____
Time:_____

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Location:_____
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Time:_____

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Date:_____
Time:_____

TEMPORARY FOOD EVENT PERMIT PACKET
INSTRUCTIONS TO FOOD VENDORS

IMPORTANT:
No applications will be accepted by this office directly from vendors. Completed Applications, Temporary Food Event Permit Packets and Checks *"MUST"* be submitted to the Event Organizer for submission. The Event Organizer is required to submit all completed paperwork at least two (2) weeks before the event. Once submission is made no additional applications will be accepted.

REQUIREMENTS
Refer to the New Jersey N.J.A.C. 8:24 "Sanitation in Retail Food Establishment and Food and Beverage Vending Machines." All temporary food events require prior approval from the Health Department. ***In addition, if any cooking is to take place, the event may also require Fire Department approval prior to the event.*** The use of any tents may require Building Department approval. Contact them directly to determine specific requirements.

Boonton Building Department: 973-402-9410 ext. 630
Boonton Fire Prevention Department: 973-402-9410 ext. 631

TEMPORARY FOOD PERMITS
- Submit a completed "Application for Temporary Food Permit" and applicable fees.
- Applications and fees must be submitted to the **"Event Organizer**.
- Make checks payable to: **Pequannock Township**
- If approved, the Temporary Food Permit will be issued by the Registered Environmental Health Specialist (REHS) on the day of the event; and
- The original permit must be posted when operating.

NON-PROFIT CHARITABLE ORGANIZATIONS
- A permit application is required;
- Non-profit vendors are exempt from permit fees; and
- Submit proof of non-profit status: Federal IRS 501(c)3 is the standard letter.

MOBILE FOOD VENDORS
- Mobil food vendors may operate at temporary events if they hold a license for the town the temporary event is taking place in.

QUESTIONS
If you have questions regarding Temporary Events, contact the appropriate inspector:

Inspector	Phone	Email	Towns Served
Cathy Cappuccia, REHS	973-835-5700 x112	ccappuccia@peqtwp.org	Bloomingdale
Gina McConeghy, REHS	973-835-5700 x166	gmcconeghy@peqtwp.org	Boonton
Antonino Intili, REHS	973-835-5700 x197	aintili@peqtwp.org	Florham Park
Tim Zachok, Senior REHS	973-835-5700 x197	tzachok@peqtwp.org	Kinnelon
			Pequannock
	FAX:973-835-4328		Riverdale

Organization*: **Phone:**

Address:

*If non-profit, provide **IRS Exempt Registration Number**
A copy of the 501(c)3 letter **must** be included with application. Is the letter included? Y N

Person in charge: Phone:

Event Name:
Up to seven temporary events can be listed on the back of the application page per license

Event Dates: Hours:
Up to seven temporary events can be listed on the back of the application page per license

Event Organizer: Phone:

MENU (List all food items, including toppings and beverages)

Food Item	How Served		Made to Order		Off-site Prep		On site Prep		Describe Preparation Method
	Hot	Cold	Yes	No	Yes	No	Yes	No	

APPROVED SOURCES (8:24-3.2)
Food must be obtained from a source, which is in compliance with applicable State and local laws and regulations. Foods stored, handled or prepared at home are prohibited from being used or offered for sale at a Temporary Food Event. All foods must be prepared in a licensed food facility.

Exception: Non-potentially hazardous home prepared foods permitted with a Cottage Permit

"This food is prepared pursuant to N.J.A.C. 8:24-11 in a home kitchen that has not been inspected by the Department of Health"

Exception: Non-profit charitable organizations, who have submitted proper Federal IRS 501(c)3 documentation, are permitted to sell non-potentially hazardous baked goods, provided the following verbiage is posted at the point of display:

"THESE ITEMS WERE PREPARED IN A KITCHEN THAT IS NOT SUBJECT TO LICENSING OR INSPECTION BY THE LOCAL HEALTH AUTHORITY"

Cold and Hot Holding:

Describe how food will be maintained at 41º F or below and 135º F or above at all times during:

Transport to the event:_____

Preparation:_____

Display:_____

Hot & Cold Unit Storage_____

ALL LEFTOVER PREPARED FOODS MUST BE DISCARDED

Identify equipment used in the temporary food facility:

Required hand wash station for all open foods

☐ 5 gallon insulated container with free flow spigot and catch bucket, liquid hand soap and paper towels
☐ Hand sink with cold hot running water, liquid hand soap and paper towels

☐ **Hand sanitizer allowed for pre-packaged food vendors only**

Sanitation if preparing foods

☐ 3-Compartment sink with hot and cold running water

OR

☐ 3 large pans with potable water

----------AND----------

☐ Bucket with sanitizer and wiping cloth

OR

☐ Spray bottle with sanitizer

Required Equipment:

☐ Thermometers in each cold holding unit
☐ Thin-probe thermometer to test prepared food temperature
☐ Disposable gloves
☐ Waste containers
☐ Sanitizer test kit

Power Source:

☐ Electric
☐ Generator
☐ Propane

****The use of a gasoline generator, propane tanks or any combustable material will also require a Permit with the Fire Prevention Bureau**

Cold Holding Equipment

☐ Ice chest with ice packs
☐ Ice chest with drained ice
☐ Refrigerator
☐ Refrigerated truck
☐ Freezer
☐ Freezer truck
☐ Dry ice

Hot Holding Equipment

☐ Oven / stove
☐ Barbecue grill / charcoal
☐ Gas grill
☐ Deep fryer
☐ Smoker
☐ Steam table
☐ Wood fire
☐ Other

Required Submittals:

☐ Copy of **Food Protection Managers Certification (Risk 3)** advanced preparation of foods
☐ Copy of **Food License** and **Inspection Report** or **Inspection Rating Placard** for Commissary
☐ Copy of **Food License** and **Inspection Report** or **Inspection Rating Placard** for Food Vendor Business from Health Authority
☐ A **Menu** of items to be sold
☐ Fire permit required with any use of an open flame and with cooking that produces grease-laden vapors.
Questions about **Fire Permits** contact Renae Waggner at 973-402-9410 or rwaggner@boonton.org

- **If you have a Cottage Food License, it must be posted with the list of items that you are approved to prepare and sell.**

UTENSIL WASHING FACILITIES (NOT a hand washing station)
Where will your food prep utensils be cleaned and sanitized?

☐ Provided by organizer ☐ Other (specify):_____

TEMPERATURE CONTROL
How will you provide temperature control on location?

a) Cold-holding devices (i.e., refrigerator, freezer, ice chest) must be capable of holding food 41°F or below.
Describe:_____

b) Cooking temperatures must be 145°F for fish, meat & pork, 155°F for ground meat and 165°F for poultry and stuffed meat. **A proper thermometer is required (thin probe for thin foods)**

c) Rapid reheating/cooking devices (i.e., oven, grill, microwave) must be capable of reheating food to 165°F within 2 hours. Steam tables, heat lamps, sternos and crock-pots are not designed as rapid reheating units.
Describe:_____

d) Hot-holding devices (i.e. steam table, heat lamp) must be capable of holding food above 135°F.
Describe:_____

e) How will you provide temperature control during transport to the event?
Describe:_____

HAND WASHING FACILITIES (NOT for utensil washing)
Each operator must have their own hand washing station. Examples are provided at the end of this packet. Describe your hand washing facilities:_____
_____

The following must comply with local/state regulations:

- Garbage storage/removal
- Potable water obtained from approved source
- Proper disposal of wastewater

Signature(s):_____

Print Name(s):_____

Date of submission:_____

**********TO BE COMPLETED BY HEALTH DEPARTMENT ONLY**********

Application approved: ☐Yes ☐No
REHS Signature:_____ Date:_____

FOOD VENDOR GUIDELINES

APPROVED SOURCES (8:24-3.2)

Food must be obtained from a source, which is in compliance with applicable State and local laws and regulations. ***Foods stored, handled or prepared at home are prohibited from being used or offered for sale at a Temporary Food Event. All foods must be prepared in a licensed food facility.***

FOOD PREPARATION AT COMMUNITY EVENTS (8:24-3.3)

- All food preparation must be conducted within the Temporary Food Facility (TFF) or other approved facility.
- BBQ's, grills or other equipment approved for outdoor cooking may be located adjacent to the TFF, and must be separated from public access by using ropes or other methods suitable to protect food from contamination and public from injury.
- Contact the fire and building departments for other restrictions/requirements on types of equipment allowed.

HOLDING TEMPERATURES FOR POTENTIALLY HAZARDOUS FOODS (8:24-3.4)

Potentially Hazardous Foods (PHF) consist of animal products containing milk products, eggs, meat, poultry, fish or shellfish, cooked vegetables, soups, salads (macaroni, potato, egg, tuna, chicken, etc.), cut melon, cream pies, etc.

- Cold foods must be kept at 41°F or less
- Hot foods must be kept at 135°F or above

CONSUMER UTENSILS (8:24-3.3O)

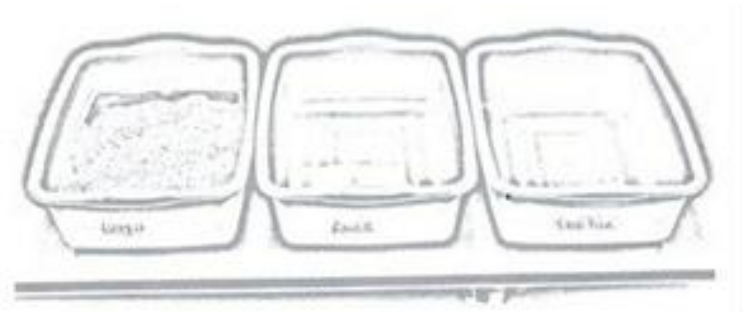
- Provide only single-use utensils for customer use.

ICE (8:24-3.3)

- Ice used for refrigeration purposes cannot be used for consumption in food or beverages.

WAREWASHING FACILITIES (8:24-4.7)

- TFF's that prepare open foods must have available a method for sanitizing and drain boards for storing cleaned equipment and utensils. The first compartment shall hold soapy water, the second shall hold rinse water, and the third shall hold a sanitizing solution (bleach/water). **Test strips must be available in order to check sanitizer concentration.**

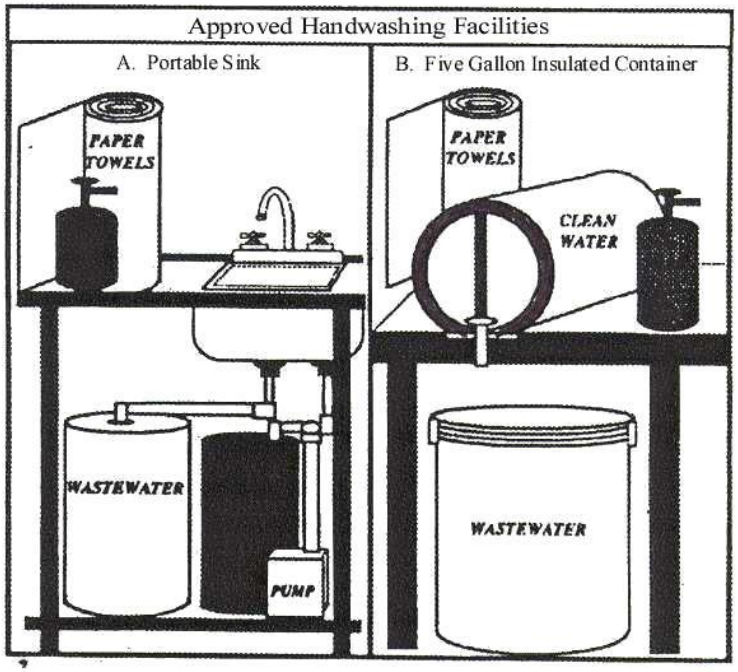


CONDIMENTS
Condiment containers (ketchup, mustard, onions, relish) shall be a pump type, squeeze container, or have covers/lids to protect contents. Single service packets are recommended.

STORAGE and DISPLAY OF FOOD, UTENSILS and RELATED ITEMS (8:24-3.3)
- Store all foods and utensils at least 6-inches off the ground.
- When on display, food must be protected from contamination, exposure to the elements, rodents and other vermin.

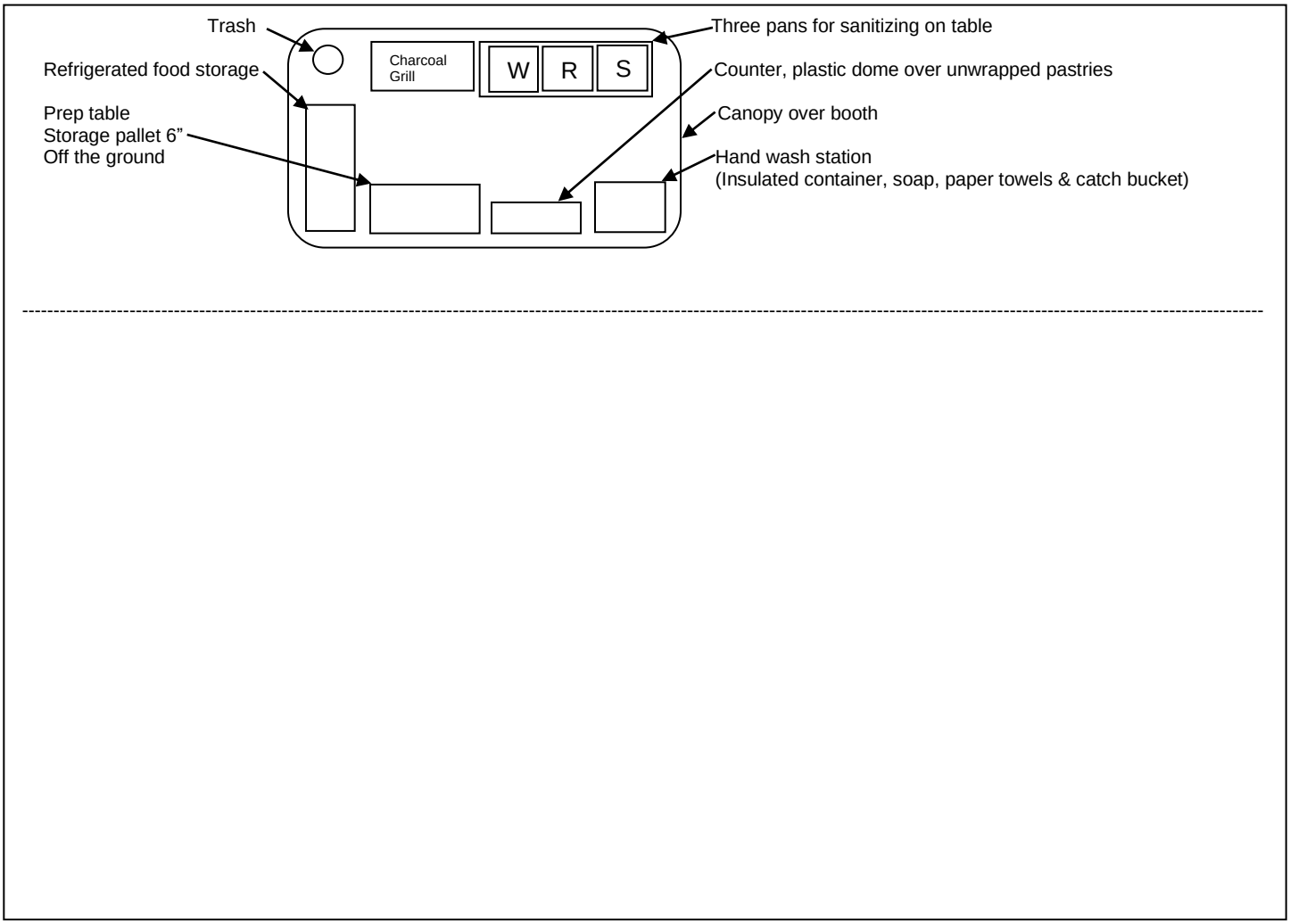
FOOD HANDLING
- Bare hand contact must be eliminated at all times when handling ready-to-eat foods. Gloves, tongs, deli tissue are acceptable barriers.
- Eating, drinking, cell phone use within a food preparation area is not allowed. A food handler may drink from a closed beverage container if the container has a lid and straw to prevent contamination of the employee's hands, the container, open food and food contact surfaces.
- Smoking is prohibited.

ALTERNATE HANDWASHING FACILITIES
- Handwashing facilities must be provided at each TFF stocked with the following:
    - A minimum five (5) gallon insulated container capable of providing a continuous stream of warm water that leaves both hands free to allow vigorous rubbing with soap and warm water for 20 seconds.
    - Provide a catch basin to collect wastewater, and properly dispose of all wastewater.
    - Provide soap and single-use paper towels.
    - Provide a trash can for towel waste.



Food Area Layout:

Provide a sketch of the service operation in the space provided below. Include all relative items such as equipment, cooking area, handwash facilities, ware-washing and sanitizing area, storage, etc. Label all equipment as shown in the example below. Al vendors **MUST** provide a sketch.



Note: NO LICENSE SHALL BE TRANSFERABLE. LICENSES MAY BE SUSPENDED OR REVOKED BY THE HEALTH DEPARTMENT UPON VIOLATION OF PURPOSES, INTENT AND PROVISIONS OF CHAPTER 24 OF THE STATE SANITRY CODE, THE SOLID WASTE CODE, OTHER ORDINANCES OF THE HEALTH DEPARTMENT, OTHER ORDINANCES OF THE MUNICIPALITY AND STATUTORY LAWS OF THE STATE OF NEW JERSEY RELATING TO THE CONDUCT OF SUCH BUSINESS.

BY CONSIDERATION OF SUCH LICENSE, I HEREBY AGREE TO CONDUCT THE SAID PREMISES IN CONFORMANCE WITH THE PURPOSES, INTENT AND PROVISIONS OF THE ABOVE-MENTIONED CODES OR ORDINANCES STATED HEREIN

I HEREBY CERTIFY THAT THE ABOVE LISTED INFORMATIONIS CORRECT. I ALSO UNDERSTAND THAT THE HOME PREPARATION AND STORAGE OF FOOD OR THE CLEANING OF EQUIPMENT OR UTENSILS USED IN THE OPERATION IS PROHIBITED AS PER NJ.A.C. 8:24-3.1 AND 8:24-3.2 AND IS SUBJECT TO PENALTIES, FINES AND POSSIBLE LICENSE FORFEITURE. IF ANY CHANGES IN MY OPERATION OCCUR, I AGREE TO NOTIFY THE HEALTH DEPARTMENT IMMEDIATELY.

_____ _____

Signature of Applicant Date

COMMISSARY and/or WAREWASH FACILITY AGREEMENT

Commissary/Warewashing Name: _____ Phone #: _____

Owner Name: _____

Address: _____

Phone #: _____ Fax #: _____

Mr./Ms. _____ has my permission to use my licensed and inspected food facility

located at _____

for the purposes of establishing a commissary/headquarters/ware-washing for their mobile food, catering or food processing business.

This permission (please check all that apply) **DOES** include the use of these premises for:

- ☐ Food storage
- ☐ Food preparation
- ☐ Maintenance of supplies
- ☐ Storage of mobile food unit
- ☐ Ware-washing

_____

Signature Date

Most recent inspection report from this establishment must be included

**********TO BE COMPLETED BY HEALTH DEPARTMENT ONLY**********

VERIFICATION OF HEADQUARTERS Vending Yr:

Current Local and/or State Permit: Yes/No Peddler Permit: Yes/No/NA

Verified by: _____

OTHER AGENCY – Copy of Current Permit Yes/No Date of Approval: _____

T:(973)402-9410 ext.631
F:(973) 402-7643

THE TOWN OF BOONTON New Jersey

100 Washington Street
Boonton, NJ 07005

FIRE PREVENTION BUREAU

Permit Application - Permanent or mobile cooking operation that requires a fire suppression system in accordance with NJAC 5:70-4.7(g) and is not a life hazard use.

Application Date: _____ Permit Type 1: Fee - $75.00

Payment shall be made by exact change Cash, Check, or Money Order

APPLICANT

Name: _____

Address: _____

Phone No: _____ Email: _____

SUBJECT PROPERTY

Event/Location/Address: _____

Contact Name: _____ Phone No.: _____

SUPPRESSION SYSTEM INFORMATION

Suppression System Type: ☐ Wet Chemical ☐ Dry Chemical ☐ CO2 ☐ Water

Suppression Maintenance Company: _____

Address: _____ Phone No.: _____

Contact Name: _____ Email: _____

Hood & Filters Maintenance Company: _____

Address: _____ Phone No.: _____

Contact Name: _____ Email: _____

Cleaning Frequency of: (Weekly, Monthly, Quarterly, Annual, etc.)

Hood: _____ Filters: _____

This application must be submitted at least 14 days prior to the installation.

I hereby acknowledge that I have read this application, that the information given is correct, that I am the owner, or duly authorized to act in the owner's behalf, and as such hereby agree to comply with all applicable requirements of the N.J. Uniform Fire Code as well as any specific conditions imposed by the Town of Boonton Fire Official.

_____ _____

Signature & Title of Applicant Date

- For Office Use Only -

Received By: _____ Date: _____

Fee Amount: _____ Check No.: _____

T:(973)402-9410 ext.631
F:(973) 402-7643

THE TOWN OF BOONTON New Jersey

100 Washington Street
Boonton, NJ 07005

FIRE PREVENTION BUREAU

Permit Application - Use of an open flame, or flame producing device at any public gathering or place of assembly.

Application Date: _____ Permit Type 1: Fee - $75.00

Payment shall be made by exact change Cash, Check, or Money Order

APPLICANT

Name: _____

Address: _____

Phone No: _____ Email: _____

Business: _____

Contact Name: _____ Phone No.: _____

SUBJECT PROPERTY

Event/Location/Address: _____

Block(s): _____ Lot(s): _____

Date(s) of Activity: _____ Time: _____

Set up Date: _____ Set up Time: _____

Type of Open Flame Device: ☐ LPG Stove/Grill ☐ Charcoal Grill ☐ Candle/Torch/Sterno

☐ Other: _____

This application must be submitted at least 14 days prior to the installation.

I hereby acknowledge that I have read this application, that the information given is correct, that I am the owner, or duly authorized to act in the owner's behalf, and as such hereby agree to comply with all applicable requirements of the N.J. Uniform Fire Code as well as any specific conditions imposed by the Town of Boonton Fire Official.

_____ _____

Signature & Title of Applicant Date

- For Office Use Only -

Received By: _____ Date: _____

Fee Amount: _____ Check No.: _____