

MIDDLETOWN TOWNSHIP
DEPARTMENT OF HEALTH

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1 Kings Highway
Middletown, NJ 07748

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Physical Address
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TEMPORARY FOOD ESTABLISHMENT (TFE) PERMIT APPLICATION

**ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED,
NO EXCEPTIONS.**

The operator or EACH TFE (Temporary Food Establishment) site must complete this application and submit it to the Middletown Township Health Department

AT LEAST 14 DAYS PRIOR TO AN EVENT.

**THERE IS NO GUARANTEE THAT AN APPLICATION WILL BE
ACCEPTED IF IT IS RECEIVED LESS THAN 7 DAYS PRIOR TO THE EVENT.
ONCE THE APPLICATION IS REVIEWED YOU WILL BE NOTIFIED IF IT IS
APPROVED OR DENIED. IF APPROVED, THERE WILL BE A
MANDATORY INSPECTION 3 (THREE) HOURS
PRIOR TO THE EVENT START TIME.**

FOR OFFICAL USE ONLY

PAID: CASH / CHECK# _____

AMOUNT \$ _____

DATE RECEIVED: _____

APPROVED Y N INITIALS _____

PERMIT # _____

REVISED JANUARY 2017

The appropriate fee must be included when an application is submitted.

(PLEASE SEE THE ATTACHED FEE SCHEDULE - *Please contact this office if you require clarification.*)

Your application will be reviewed and an **APPROVAL** or **REJECTION** will be issued.

Submission of an application **DOES NOT CONSTITUTE AN AUTOMATIC APPROVAL.**

All information must be reviewed before a permit is issued.

You must contact the Middletown Township Fire Prevention office (732) 615-2270 to determine if a permit is needed.

In addition, using the attached Sketch Sheets, each operator must provide:

- a drawing of their temporary food establishment; **(Sketch Sheet 1)**
- a drawing of the **entire event area** depicting their TFE site in relation to the potable water supply, electrical sources, the waste water disposal area, lavatories, etc., as well as all food preparation and service areas at the Event. **(Sketch Sheet 2)**

Date of Submission **(Cannot be less than 14 days prior to an event)** _____

Date(s) and Time(s) of Event: _____

Name of Temp Food Establishment: _____

Name of Operator/Owner: _____

Mailing Address: _____

Telephone Number(s): _____

Name of Event: _____

Location of Event: _____

Event Coordinator: _____

Set-up time must be a minimum of 3 hours prior to the start of the event to allow for the mandatory inspection - (Example: Event Starts at 11AM – MUST BE READY FOR INSPECTION NO LATER THAN 8AM)

Date and Time TFE will be set up and ready for inspection: _____

1. List **all** food and beverage items to be prepared and served. Attach a separate sheet if necessary. (NOTE: Any changes to the menu must be submitted to and approved by the Regulatory Authority at least **10 days** prior to the event.)

2. Will All Foods Be Prepared At The TFE Site? **NOTE: The sale of home prepared food is prohibited.**

Yes>>Complete **Attachment A**

No >>Complete **Attachments A & B**

If No, the operator **MUST** provide a copy of the current license for the permanent food establishment where the food will be prepared.

3. Describe (be specific) how frozen, cold, and hot foods will be transported to the Temporary Food Establishment:

3 a.) How will food temperatures be monitored during the event?

4. Identify the sources for each meat, poultry, seafood, and shellfish item. Include the source of the ice:

5. Using **Attachment C**, record the names, phone numbers, shifts to be worked during the event and the assigned duties of all Temporary Food Establishment workers (paid and volunteer).

6. Describe the number, location and set up of handwashing facilities to be used by the Temporary Food Establishment workers (**Hand Sanitizer alone is NOT PERMITTED – A Hand wash station is MANDATORY**):

7. Identify the source of the potable water supply and describe how water will be stored and distributed at the Temporary Food Event. If a non-public water supply is to be used, provide the results of the most recent water tests.

8. Describe how utensil washing and sanitizing will take place. Describe set-up and disinfectant to be used. (**A 3 Bay or 3 Bucket system is MANDATORY**):

9. a) Describe how and where wastewater from handwashing and utensil washing will be collected, stored and disposed:

9 b.) If portable toilets are to be used, identify the frequency of waste removal:

10. Describe the number, location and types of garbage disposal containers at the Temporary Food Establishment as well as at the event site:

11. Describe the floors, walls and ceiling surfaces, and lighting within the Temporary Food Establishment:

12. Describe how electricity will be provided to the Temporary Food Establishment:

13. Please add any additional information about your Temporary Food Establishment that should be considered:

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Middletown Township Health Department may nullify final approval.

Signature(s) _____ Date: _____

Approval of these plans and specifications by the Middletown Township Health Department does **not** indicate compliance with any other code, law or regulation that may be required (i.e., federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A **pre-opening** inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

Regulatory Authority: _____ APPROVAL: _____ DATE: _____

Permit Restrictions: _____ Permit Effective Dates: _____

DISAPPROVAL: _____ DATE: _____

Reason(s) for Disapproval: _____

Reviewer Signature & Title

Date

Sketch Sheet 1

In the following space, provide a drawing of the Temporary Food Establishment. Identify and describe all equipment including cooking and cold holding equipment, handwashing facilities, work tables, dishwashing facilities, food and single service storage, garbage containers, and customer service areas.



Sketch Sheet 2

In the following space, provide a drawing of the entire Temporary Event Area including locations of the toilet facilities, garbage facilities, common use dishwashing facilities, the potable water supply, electrical sources, the waste water disposal area, and all food preparation and service areas on the grounds/site of the Temporary Food Event.



Hazardous Foods

Temporary Food Handler's Permit

	NORMAL BUSINESS HOURS	NORMAL BUSINESS HOURS and less than 7 days' notice	AFTER HOURS	AFTER HOURS and less than 14 days'
Temporary Permit	\$75.00	\$100.00	\$100.00	\$150.00
Temporary (Non-Profit)	\$0	\$10.00	\$25.00	\$50.00
Temporary Permit with a current Middletown Retail License	\$0	\$10.00	\$25.00	\$50.00
During Normal Health Department Business Hours (Entire event must be between 8am - 4pm Monday - Friday)		AFTER HOURS Health Department (4:01p - 7:59a M-F) Saturday's Sunday's and Holidays		

Non-Hazardous Foods

Temporary Food Handler's Permit

	NORMAL BUSINESS HOURS	NORMAL BUSINESS HOURS and less than 7 days' notice	AFTER HOURS	AFTER HOURS and less than 14 days'
Temporary Permit	\$25.00	\$50.00	\$35.00	\$75.00
Temporary (Non-Profit)	\$0	\$10.00	\$25.00	\$50.00
Temporary Permit with a current Middletown Retail License	\$0	\$10.00	\$25.00	\$50.00
During Normal Health Department Business Hours (Entire event must be between 8am - 4pm Monday - Friday)		AFTER HOURS Health Department (4:01p - 7:59a M-F) Saturday's Sunday's and Holidays		