

WARREN COUNTY HEALTH DEPARTMENT

700 Oxford Ave.
Oxford, NJ 07863
Telephone (908) 475-7960
Fax (908) 475-7964

PETER SUMMERS
Health Officer



TEMPORARY FOOD EVENT COORDINATOR'S APPLICATION

(To be completed for events with several temporary food vendors)

Application Submission Date: _____

Name of Event: _____

Location of Event: _____

Description of the Site: _____

Dates and Times of Event: _____

Name(s) of Event Coordinator(s) / Responsible Individual(s):

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name of On-Site Coordinator(s) and Contact Info During Entire Event:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Total Anticipated Number of Patrons: _____

Expected Peak Days: _____

Anticipated Numbers of Patrons Per Day: _____

Number of TFE Sites / Operations: _____

Name of Individual Responsible for Each TFE Site:

Name _____ Phone _____

Address _____

**** Attach additional sheets as necessary ****

Date & Time that Food Service Operations will be set up: _____

Describe Toilet & Hand Washing Facilities (Type, Number, and Location):

Indicate who will be responsible for their maintenance during the event:

If portable toilets are to be used, how often will they be serviced (emptied) during the event? _____

Will electricity be provided to the TFE sites? Yes No If yes, please describe how:

Describe the potable water supply: _____

Note: If a non-public water supply is to be used, the results of the most recent water test must be submitted.

Describe the wastewater disposal system: _____

Describe garbage storage and disposal: _____

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 Warren County Health Department may nullify final approval.

Signature(s) _____

Date: _____

Approval of these plans and specifications by Warren County 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).

=====

Warren County Health Department Use Only

APPROVED – Permit Restrictions: _____

DISAPPROVED – Reasons(s) for Disapproval: _____

Reviewed by: _____

(Name and Title)

Signature _____ Date _____

WARREN COUNTY HEALTH DEPARTMENT

700 Oxford Ave.
Oxford, NJ 07863
Telephone (908) 475-7960
Fax (908) 475-7964

PETER SUMMERS
Health Officer



TEMPORARY EVENT AREA SKETCH

In the following space, provide a drawing of the entire Temporary Event Area including locations of the toilet facilities, garbage facilities, common use dish washing 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.