



Sussex County Department of Environmental and Public Health Services

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FORM T

Farmers' Market or Temporary Retail Food Vendor Application

Vendor Information

Date of Application _____

Trading Name of Vendor _____ Phone _____

Contact Person _____ Email _____

Mailing Address _____ City _____ State _____ Zip _____

Event Information

Name of Event _____

Location of event (municipality) _____ Block _____ Lot _____

Street address _____

Name of Event Coordinator _____ phone# _____

Email _____

Description of Food Unit

- Tabletop/Tent Push Cart Food Preparation Vehicle Refrigerated Vehicle Other

Hours of Operation:

Months, Days & Hours of Operation: _____

Description of Food Operation (check all that apply)

- Commercially pre-packaged food Cold foods Raw Meats
Bottled/Canned beverages Frozen Foods Fish
Prepared Beverages Hot foods Shellfish*
Non-hazardous foods (bakery goods)
Limited food preparation (cook to order)
Potentially hazardous foods (containing animal or plant ingredients)
Advance food preparation at commercial kitchen base of operation only (Risk 3)
Canned/bottled fruit jams and jellies
Other _____

Copy of menu must be provided

Copy of Food Handler's Certification if required (Risk 3) must be provided

* Shellfish tags must be available at time of inspection

NO non-commercially prepared jarred/canned shelf stable or acidified foods for room temperature storage will be permitted.

Water What type of water supply will service your booth?

- Public water supply: Name of supplier _____
- On-site drilled well
- Water supply at Frankford Fairgrounds (for events at fairgrounds)
- Commercially Bottled Water Only (receipts available)
- Water carried-in in food grade containers - identify source of water _____
(Source must be tested unless test results already on file with Sussex County HD)

Wastewater

Place of waste water disposal from food booth operations (excluding sewage) _____

Food Source and Food Service Operations: NO HOME PREPARED FOODS PERMITTED

Menu Items: List all foods and beverages given, served, or provided for sampling to the general public
Add additional sheets if needed.

Food/Drink	Source of Food (Receipts On-site)	Where is food prepared?	
		Off-site: When/where?	On-site: Equipment used

<u>Type of Food Protection</u>	Equipment or Method
Overhead (Roof, Canopy)	_____
Food Drink Items Stored Off the Ground	_____
Floor Surface Material (dirt covered)	_____
Food Displayed, Wrapped, Covered, or Protected with Sneeze-guard	_____

Cold and Hot Holding

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

Transport to the event: _____

Preparation: _____

Display: _____

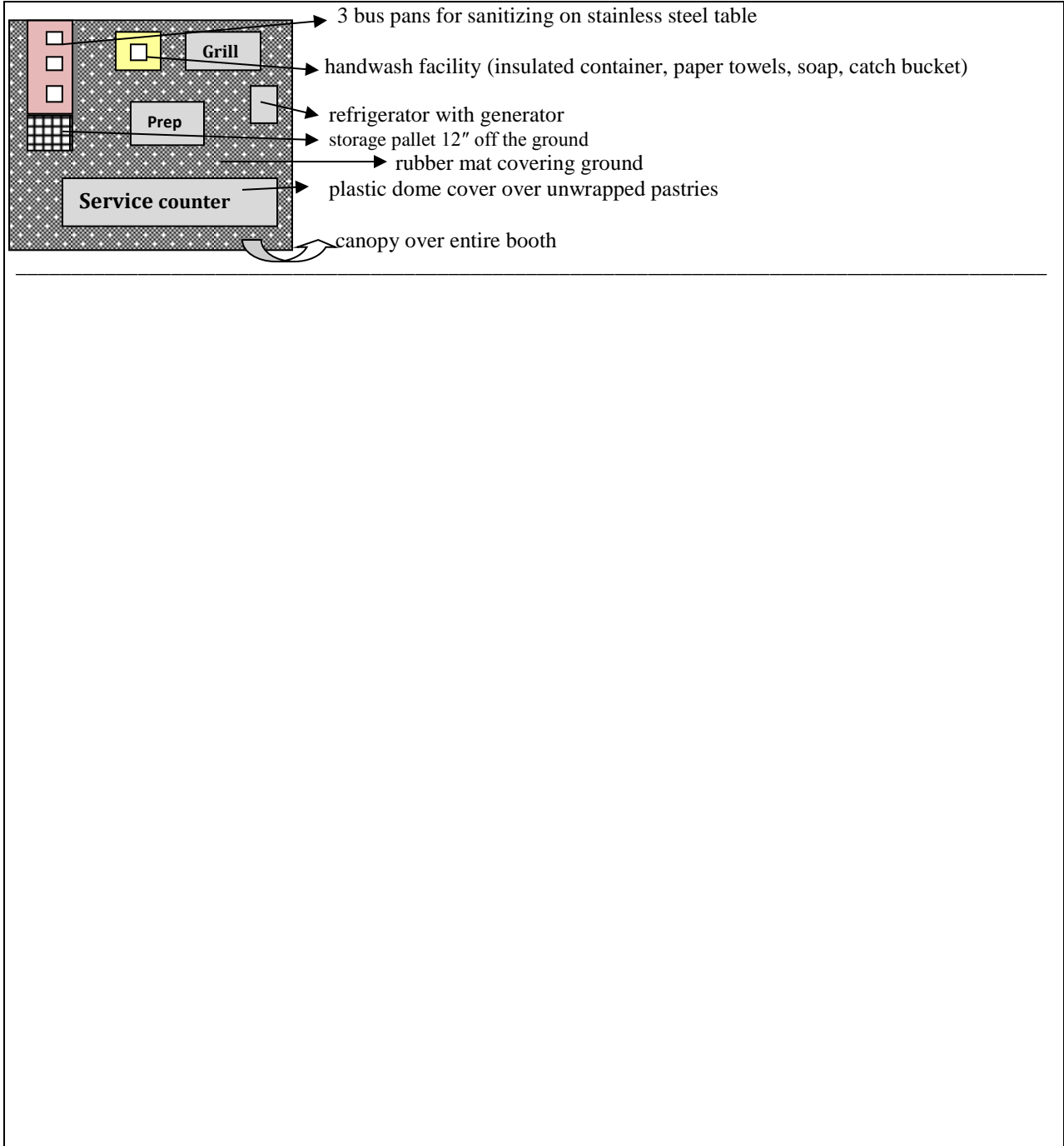
Hot & Cold Unit Storage: _____

ALL LEFT OVER PREPARED FOODS MUST BE DISCARDED

Identify equipment used in the temporary food facility:

<p>Required handwash station for all open foods</p> <ul style="list-style-type: none"> <input type="checkbox"/> 5 gallon insulated container with free flow spigot and 5 gallon catch bucket, liquid hand soap and paper towels OR <input type="checkbox"/> Hand sink with cold and hot running water, liquid hand soap and paper towels _____ <input type="checkbox"/> Hand sanitizer required for pre-packaged food vendors only _____ <p>Sanitation if preparing foods:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 3- compartment sink with hot and cold running water OR <input type="checkbox"/> 3 large pans with potable water _____ and _____ <input type="checkbox"/> Bucket with sanitizer and wiping cloth OR <input type="checkbox"/> Spray bottles with sanitizer _____ <input type="checkbox"/> Freshwater storage tank ____gallons <input type="checkbox"/> Wastewater retention tank ____gallons 	<p>Required equipment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Thermometers in each cold holding unit <input type="checkbox"/> Thermometer to test prepared food temp <input type="checkbox"/> Disposable gloves <input type="checkbox"/> Waste containers <input type="checkbox"/> Recycling containers <input type="checkbox"/> Sanitizer test kit <p>Power Source</p> <ul style="list-style-type: none"> <input type="checkbox"/> Electric <input type="checkbox"/> Generator <input type="checkbox"/> Propane 	<p>Cold holding equipment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ice chest with ice packs <input type="checkbox"/> Ice chest with drained ice <input type="checkbox"/> Refrigerator <input type="checkbox"/> Refrigerated truck <input type="checkbox"/> Freezer <p>Hot holding equipment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Oven/Stove <input type="checkbox"/> BBQ Grill <input type="checkbox"/> Gas Grill <input type="checkbox"/> Deep Fryer <input type="checkbox"/> Smoker <input type="checkbox"/> Steam Table <input type="checkbox"/> Other _____
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Provide sketch/layout of the booth in the space below (may be hand-drawn). Include: equipment, cooking area, food prep area, hand wash facility, ware-washing & sanitizing area, storage, etc. Label all equipment. Example:



I hereby certify that the above listed information is 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 N.J.A.C. 8:24-3.1A 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.

Vendor/Owner/Operator (print) _____

Vendor/Owner/Operator (signature) _____

VENDOR NAME _____

ATTACHMENT CHECKLIST (SUBMIT ALL WITH APPLICATION)

All Sections of the application must be completed or it will be returned.

- Water Testing Records** (private wells only, if not already provided to the Health Department)
- Copy of **Food Protection Managers Certification (Risk 3)**, if required
- Copy of **Food License** for Base of Operation, if not in Sussex County
- Copy of **Inspection Report** or **Inspection Rating Placard**, if not in Sussex County
- Menu**
- Registered Farm (Farmers Market only) Provide other certificates as applicable
- Review fee** payable to the "County of Sussex". Details on procedure and fees outlined in document, "Readme for temporary food establishments."

Vendor Categories – annual fees

Exempt.....**No application or fee required**

Whole uncut, fruits and vegetables (except bean sprouts), pure honey (not infused), and maple syrup.

Category 1.....**Application required and \$25 fee**

Food that is commercially prepared and packaged, sealed, is not potentially hazardous and does not require preparation or temperature control.

Food requires minimal preparation and handling. Examples include: kettle corn, cotton candy, pre-packaged ice cream, roasted nuts, candy apples, popcorn, coffee, tea, shaved ice, baked goods –made in a licensed and inspected commercial kitchen

Category 2**Application required and \$50 fee**

Food requires temperature control and/or minimal preparation. Examples include: hot dogs, canned chili, canned soup, frozen meats, jam, jelly, hamburgers, hot dogs

Food is cooked from raw or requires advance preparation (risk type 3) in an approved kitchen.

No complex preparation of food is permitted at the event. Examples include: fresh salsas, chili, chicken salad

Risk type 3 food facilities are required to have at least one person in charge to be a Certified Food Manager.

Non-profit, Charitable, Community Service Organizations

at a municipal sponsored one day event.....Application required and fee \$15.00

BELOW SECTION IS FOR OFFICIAL USE ONLY:

APPROVED: DATE: _____ **EXPIRATION DATE:** _____

Classified Risk Type: Risk 1 Risk 2 Risk 3 Risk 4 (operations at servicing area only)

Approval Restrictions:

DISAPPROVED: DATE: _____

Reasons for disapproval:

Inspector: _____