



# TOWNSHIP of HOPEWELL

MERCER COUNTY

## DEPARTMENT OF HEALTH

201 Washington Crossing Pennington Road  
Titusville, New Jersey 08560-1410

Phone: 609.737.0120 Fax: 609-737-6836 www.hopewelltpw.org



**Public Health**  
Prevent. Promote. Protect.

### HOPEWELL TOWNSHIP TEMPORARY FOOD LICENSE APPLICATION

(Complete application must be received at least 10 business days prior to the event. Please print clearly.)

**FEE: \$40.00**

BUSINESS NAME: \_\_\_\_\_ PERSON IN CHARGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_ TIME OF EVENT: \_\_\_\_\_

ADDRESS OF EVENT SITE: \_\_\_\_\_

ALL FOOD TRUCKS **MUST PROVIDE** A COPY OF THEIR MOST RECENT HEALTH DEPARTMENT INSPECTION REPORT FROM THE TOWN WHERE THEY ARE BASED IN. ☐ Check box if included

**If you are cooking with propane or any open flame you will need to contact the Fire Safety Department for additional permit. Please call (609) 730-8156.**

**COMPLETE THE FOLLOWING:** *(Answer all Questions - Both sides of Form)*

#### MENU

What kind of meats or poultry will be served?

\_\_\_\_\_  
\_\_\_\_\_

What kind of fish or shellfish will be served?

\_\_\_\_\_

What kind of salads?

\_\_\_\_\_

What kind of beverages?

\_\_\_\_\_

What kind of desserts?

\_\_\_\_\_

Any other foods not previously listed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### HOW SERVED

☐ Hot ☐ Cold

☐ Hot ☐ Cold

☐ Hot ☐ Cold

☐ Hot ☐ Cold

☐ Hot ☐ Cold

☐ Hot ☐ Cold

☐ Hot ☐ Cold

☐ Hot ☐ Cold

☐ Hot ☐ Cold

While transporting food to the event, explain how you will ensure cold foods maintain 41° F or below & hot foods 135° F or above (e.g. coolers w/ ice packs, insulated containers, etc.)

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**During the Event:**

Method for keeping cold foods at 41° F or below: ☐ refrigerator ☐ freezer ☐ ice chest ☐ other (explain) ☐ N/A

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Method for keeping hot foods at 135° F or above: ☐ steam table ☐ grill ☐ sternos ☐ other (explain) ☐ N/A

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Method used to protect foods on display: ☐ sneeze guards ☐ display cases/covers ☐ other (explain) ☐ N/A

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**Off-Site Facilities:**

Food for the event will be purchased from: \_\_\_\_\_

\* Name & Address of where any food will be stored or advanced food prep for the event will be performed (i.e. restaurant or commissary):

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\* Preparation of food in a “home kitchen” is strictly forbidden without a Cottage Permit from the NJDOH.  
If you have a Cottage Permit, a copy must be included with application.

**FEE:** (Check one of the following)

- ☐ I am currently licensed as a permanent retail food establishment in Hopewell Township (fee waived)
- ☐ I am an outside vendor not licensed as a permanent establishment in Hopewell Township (\$40.00)

**RETURN APPLICATION (w/ FEE) to:**  
**Hopewell Township Health Department**  
**201 Washington Crossing Pennington Road**  
**Titusville, NJ 08560**

**(Make checks payable to: Township of Hopewell)**

*I hereby certify that all the above listed information is correct and I fully understand that any deviation from the above without prior permission from the Hopewell Township Health Department may nullify this license.*

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**(Signature of Applicant)**

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**(Date)**

**FOR HEALTH DEPARTMENT USE ONLY**

Date Received: \_\_\_\_/\_\_\_\_/20\_\_\_\_ License Number: \_\_\_\_\_

Revised: 04-10-2023