



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.hopewelltp.org



Public Health
Prevent. Promote. Protect.

HOPEWELL BOROUGH TEMPORARY FOOD LICENSE APPLICATION

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

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

HOW SERVED

What kind of meats or poultry will be served?

Hot Cold

Hot Cold

What kind of fish or shellfish will be served?

Hot Cold

What kind of salads?

Hot Cold

What kind of beverages?

Hot Cold

What kind of desserts?

Hot Cold

Any other foods not previously listed?

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.)

During the Event:

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

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

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

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):

* 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 Borough (fee waived)
- I am an outside vendor not licensed as a permanent establishment in Hopewell Borough (\$30.00)

RETURN APPLICATION (w/ FEE - \$30) to:

**Borough of Hopewell
88 East Broad Street
Hopewell, NJ 08525**

(Make checks payable to: Borough 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.

(Signature of Applicant)

(Date)

FOR HEALTH DEPARTMENT USE ONLY

Date Received: ____/____/20____ License Number: _____