



200 South Street,  
P.O. Box 914  
Morristown, NJ  
07963-0914

## Health Division

Main Office	(973) 796-1975
Health Officer	(973) 796-1993
Health Inspectors (REHS)	(973) 292-6713 (973) 796-1804
Nurse	(973) 292-6702
Animal Control	(973) 292-6731
Fax	(973) 292-6730

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### TEMPORARY FOOD LICENSE EVENT ORGANIZER APPLICATION PACKET

This packet outlines steps for Event Organizers and participating food vendors to follow when applying for a Temporary Food License (TFL) in the Town of Morristown. Complete all information requested on this Application Packet and submit **14 days** prior to the start of event.

**TFL** is required for anyone who organizes a community event that sells, gives away or provide food or beverages to the public. Examples of a community event include street fairs and festivals, musical and artistic presentations, sports events, ethnic celebrations, trade shows and product introductions involving food. This applies to all retail food and beverage, including pre-packaged items (chips or candy bars and soft drinks, etc.).

**Permit fees** are required for the Event Organizer and all food vendors. Non-profit organizations must submit proof of Federal IRS 501(c)3 to have the fee waived. The **Event Organizer** must complete this packet aka **Temporary Food License – Event Organizer Application** and the *food vendor* must complete the *Temporary Food Vendor Application*.

**The Event Organizer must attach the following to this packet:**

- Temporary Food Vendor Licenses**
- License fees
  - Event Organizer      \$100
  - Food Vendor          \$50 each
  - Mobile Food Vendor   \$100 each

Event Organizers are responsible for ensuring that all vendors have adequate access to a safe water supply, method for cleaning and sanitizing equipment/utensils, trash and wastewater disposal and restrooms. All vendors selling unpackaged foods must have an approved hand washing station. Vendors found operating without valid permits will result in the closure of the operation, issuance of a summons, or other enforcement actions.

The Event Organizers are the key contacts and held responsible for vendor compliance with the applicable regulations. All vendors must be approved by this Division prior to the event.

If you have any questions, contact the Morristown Division of Health at 973-796-1975.

## **TEMPORARY FOOD LICENSE EVENT ORGANIZER RESPONSIBILITIES**

1. Maintain an open line of communication and work closely with the Division of Health to assure a safe and successful event.
2. Be familiar with your vendor operations and guidelines including food safety practices.
3. Provide the Division of Health with the following (submit **14 days** prior to the start of event):
  - Complete the **Temporary Food License – Event Organizer Application**
  - Food Vendor List including:
    - Name of vendor
    - Name, address, and phone number of person in charge
    - Dates of attendance
  - Site Map including the location of:
    - Each food booth
    - Potable and non-potable water supply
    - Wastewater disposal
    - Garbage storage
    - Refrigerated trucks (if applicable)
    - Method for cleaning and sanitizing (if applicable)
    - Hand washing facilities (if applicable)
    - Restrooms
4. Provide all food vendors with the *Temporary Food Vendor Application*. The *Temporary Food Vendor Application* must be completed by **EVERY** food vendor that will serve food or beverages at the event.
5. The Event Organizer is responsible for collecting and submitting the **Temporary Food License – Event Organizer Application** and the *Temporary Food Vendor Application* to the Health Division.
6. Food vendors without valid permits will not be allowed to operate.

### **QUESTIONS**

If you have any questions regarding Temporary Events, contact the Morristown Division of Health at 973-796-1975.



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### TEMPORARY FOOD LICENSE EVENT ORGANIZER APPLICATION

**Please complete all fields. A copy of your driver's license or a government-issued photo ID must be submitted with this license application. Event Organizer Fee \$100 (Check made out to Town of Morristown).**

Name of Event \_\_\_\_\_

Event Location \_\_\_\_\_

Event Start Date \_\_\_\_\_

Event Start Time \_\_\_\_\_

Event End Date \_\_\_\_\_

Event End Time \_\_\_\_\_

Rain Date(s) \_\_\_\_\_

Event Organizer Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Event Organizer Mailing Address \_\_\_\_\_

Event Organizer Email Address \_\_\_\_\_

Event Coordinator Name \_\_\_\_\_ Cell Phone (during event) \_\_\_\_\_

#### Please complete:

Number of food booths expected to participate \_\_\_\_\_

Number of mobile food trucks expected to participate \_\_\_\_\_

Describe Toilet & Hand Washing Facilities (type, number, and location):  
\_\_\_\_\_

Describe how electricity will be provided: \_\_\_\_\_

Describe how equipment/utensil washing facilities will be provided:  
\_\_\_\_\_

Describe garbage storage and disposal (including frequency of pick-up):  
\_\_\_\_\_

Describe the potable water supply \_\_\_\_\_

Describe how waste water will be disposed:  
\_\_\_\_\_

Will there be live animals (i.e. petting zoo, animal rides, etc.) provided? Yes  No

If yes, live animals must be kept away from food booths or as otherwise directed by the Registered Environmental Health Specialist.



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### TEMPORARY EVENT FOOD VENDOR LIST

Provide a list of all participating food vendors. Please attach separate sheet if necessary.

FOOD VENDOR	PERSON IN CHARGE	DATES OF ATTENDANCE
Trade Name: Address:	Name: Cell # for day of event:	
Trade Name: Address:	Name: Cell # for day of event:	
Trade Name: Address:	Name: Cell # for day of event:	
Trade Name: Address:	Name: Cell # for day of event:	
Trade Name: Address:	Name: Cell # for day of event:	
Trade Name: Address:	Name: Cell # for day of event:	
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Trade Name: Address:	Name: Cell # for day of event:	

## TEMPORARY EVENT SITE MAP

**Provide a drawing of the event displaying food/beverage booth locations and corresponding vendor names. Please be sure to include locations of all other applicable facilities, service areas, petting zoo exhibit areas, etc. on the event site map. Please attach separate sheet if necessary**

X  
Applicant/Organizer (Signature) \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*TO BE COMPLETED BY OFFICIALS ONLY\*\*\*\*\*

DEPARTMENT APPROVALS				
		Date	Initials	Comments
Approved	<input type="checkbox"/>			
Denied	<input type="checkbox"/>			