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DEPARTMENT OF HEALTH
ANNARELLY MCNAIR | DIRECTOR & HEALTH OFFICER

TOWN OF WEST NEW YORK
COUNTY OF HUDSON, NEW JERSEY



MUNICIPAL BUILDING
428-60th STREET
WEST NEW YORK, NEW JERSEY 07093
o. (201).295.5070
f. (201).295.0769

OFFICE LOCATIONS
PUBLIC LIBRARY 425-60th STREET
(201).295.5135
SENIOR CENTER 515-54th STREET
(201).295.5162/5144
FIRE PREVENTION 6015 TYLER PLACE
(201).295.5220
PUBLIC WORKS 6300 BROADWAY
(201).295.5230/5231
PARKING SERVICES 224-60th STREET
(201).295.1575
WEST NEW YORK, NEW JERSEY 07093

TEMPORARY EVENT / ONE DAY EVENT

REQUIREMENTS CHECK LIST

NOT WEST NEW YORK BUSINESS LISENCE HOLDER

- APPLICATION ____
- CURRENT BUSSINES LICENSE ____
- FOOD INSPECTION REPORT ____
- INSURANCE (PRODUCT LIABILITY) DECLARATION OF INSURANCE ____
- FOOD MANAGER CERTIFICATE ____
- FOOD MENU THAT WILL BE PROVIDED IN THE EVENT ____
- \$50.00 ____

The Town of West New York is proud to be a drug free workplace and an equal opportunity employer.





West New York Health Department
428 60TH Street Room 30
West New York, NJ 07093
Office: (201) 295 5070 Fax: (201) 295 0769

Temporary Event Application

Only complete If this application is for a mobile truck:

*Owner's name: _____

*Vehicle License Plate: _____

*State Tax ID # _____

Fee \$50.00

Fees are nonrefundable

PLEASE READ CAREFULLY:

This is a temporary application. If your license request is accepted, you may operate ONLY at the locations submitted during the dates noted. Any operation at any location on any date within West New York not covered by your license is unlawful and may result in a penalty and summons to appear in court.

REQUIREMENTS

An inspection will be conducted on at least one day of your temporary operations. Any failures will result in the closure of operations until the matters can be corrected. Any operations without a visible license on-site may also result in the closure of operations. The permit issued by this department MUST be present during all dates of operation. No refunds will be given after payment is received, regardless of event cancelation, etc. If we have you on schedule, payments/licensing can be made close to, but must be before the event. Please allow at least 3 to 4 business days prior to the event for the license to be mailed.

Holding a license is a privilege, not a right. Failure to meet any of the above criteria will serve as a reason for non-issuance of a license. Further, violation of the sanitary code or other applicable state or local laws may serve as a reason for revocation of your license, legal action, fines, or a possible summons to appear in court. Your cooperation is anticipated.

Please call the Health Department with any questions regarding this application.

"I hereby declare that I will comply with all of the requirements of the ordinances and regulation of the Town of West New York and that under penalty of perjury, the statements and documents constituting a part of this application are true, correct, and complete to the best of my knowledge."

Applicant's Signature:	Title:
Print Name:	Date:

If you are not a West New York business owner. In this case, you must provide proof of operation, such as a current business license, food inspection reports, insurance, food manager certificate, fee, and a list of menu items provided at this event. Attach additional sheets if necessary. (Please note that home preparation and storage of food is strictly prohibited under N.J. A. C. 8:24.).



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Please do not fill out this part.

Office Use Only	
Date:	Money Order #:
License #	Amount Paid:
Fee \$50.00	Fees are nonrefundable

Business Information

Business Name:		
Mailing Address:		
Business Address:		Contact:
Business Phone:	Fax:	Email:

Business Description Information

Event Name: _____ Location / Address: _____

Date: _____ Time: _____

Menu information: product type and basic delivery information (sources). Please attach a copy of the menu.

Note that all food should be obtained from a licensed commissary. Pursuant to N.J.S.A. 8:24-3.2:

HOME FOOD PREPARATION IS NOT ALLOWED.

Indicate where you will obtain or prepare food:

Commissary Name: _____ Phone: _____

Address: _____

If you have more than one table, truck, cart, stand, etc., they must all be licensed separately. Please total your payment accordingly.

Total number of dates requested: _____ @ \$50.00
 (Number of Vendors) _____

The fee to operate this business is \$50.00. Payments may be made with a money order only. *No cash or personal checks. Make the money order Payable to the "**West New York Health Department.**" Payment must be submitted with this application to be considered for approval. Please send your payment and a copy of this application to the above address.

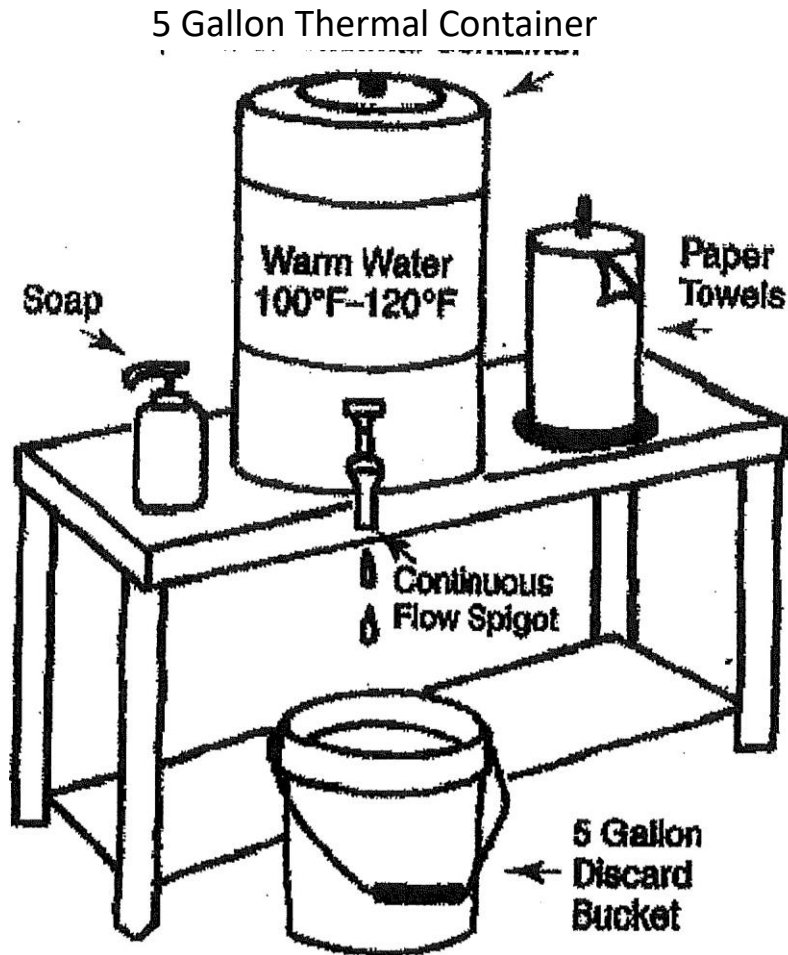


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Temporary Food Vendor Checklist

- Home preparation and storage of good products is strictly prohibited under N.J.A.C 8:24.
- Make sure all refrigeration/freezer units are operational and have thermometers.
- Refrigerator temperatures must be 41 degrees (F) or below.
- Freezer temperatures must ensure that the food is frozen solid.
- Hot holding units must be 135 degrees (F) or above, and a bayonet/stem thermometer with a thin-tipped probe shall be available to monitor the temperature of hot foods.
- Food on display shall be protected from contamination by covering, packaging, or other effective means.
- Condiments shall be protected from contamination.
- Cutting boards shall be free of excessive scratching and scoring.
- Food employees shall wear hair restraints such as hats, hair coverings or nets, and clothing that covers body hair.
- Bare hand contact with ready-to-eat food is prohibited. Food handling employees must use suitable utensils (such as deli tissue, spatulas, tongs, single-use gloves, etc.).
- Proper garbage and recycling receptacles with lids shall be provided at each vendor location.
- Food storage containers must be maintained in a clean and sanitary manner.
- Food vendor areas must be maintained in a clean and sanitary manner.
- Oil and refuse must be properly disposed.
- Adequate hand cleansers, disinfecting wipes, and sanitizers must be provided.
- All raw shellfish vendors must provide harvest tags from approved vendors for review during inspection.
- Food-handling employees handling cash transactions must dispose of hand gloves before serving other customers.
- Temporary food vendor permits must be displayed during the event.
- NOTE: This list serves only as a guidance document to ensure vendors provide consumers with food that is safe and unadulterated* Additional requirements may be imposed by the Health Department as per N.J.A.C 8:24

Temporary Hand Washing Station



The temporary hand washing station shall consist of at least a 5-gallon insulated container with a spigot that provides a continuous flow of warm (120°F) running water, soap, paper towels, a reminder sign, and a 5-gallon bucket to collect the dirty water.

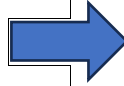
REQUIREMENTS FOR A TEMPORARY FOOD EVENT

DO YOU HAVE?

HAND WASH STATION

RISK 2 & 3

AND



HAND WIPES

RISK 3



Hand Sanitizers do not replace the requirements for a temporary hand washing station

FOOD MONITORING THERMOMETERS

Do you need a Thin Probe Thermometer?



REFRIGERATION THERMOMETER



A thin probe thermometer is needed to monitor thin foods (ex. Meat patties and fish fillets)



TEST STRIPS: Do the test strips match your sanitizer?

