



City of Rahway

Department of Health

One City Hall Plaza
Rahway, NJ 07065

\$45.00 Fee
Payable by
check or money order only.

Phone (732) 827-2085

Fax 732)381-7668

Health@cityofrahway.com

Temporary Food Service Application

APPLICATION MUST BE RECEIVED 15 DAYS PRIOR TO EVENT

Please print
clearly

You must provide the following:

- Current Retail Food License from Base of Operation
- Current Inspection Report and/or "Satisfactory Placard"
- Commissary Agreement if Kitchen is NOT OWNED
- Food Safety Certification

HOME PREPARED FOODS AND/OR FOOD PREPARED IN AN UNLICENSED AND UNINSPECTED FACILITY IS NOT PERMITTED TO BE SOLD TO THE PUBLIC (N.J.AC. 8:24-2.1C & 3.2-A-2)

Name and Place of Event: *(School, Fair, Park, etc.)* _____

Date(s) of Event: _____ Number of Days: _____

Arrival Time for Food Service Set Up: _____ Time of Event: _____

Name of Business/Organization: _____

Business Address: _____

Business Contact: _____ Phone: _____

Business Contact E-Mail: _____

Food to be Prepared on Site: _____

Additional Food Items to be Served: _____

Where will Food Be Purchased: _____

How will Perishable Food be Kept Below 41°F: _____

How will Hot Food Be Kept Above 135°F: _____

How will Service Utensils Be Cleaned and Sanitized: _____

Where will Utensils & Condiments Be placed for Public: _____

The Type of Hand Washing Facility Used: _____

How/Where will Trash, Recycling & Wastewater be Kept: _____

Official Use Only

** Mobile Vehicles require Inspections ONLY*

Date Approved

Assigned To

Approved By

EQUIPMENT MUST BE IN SANITARY CONDITION
PRIOR TO INSPECTION

Food Establishments and Vendors, Retail

§ 217-2 License required; fee; term; enforcement

- A. It shall be unlawful for any person or corporation to conduct a retail food establishment as defined in § 217-1 without first procuring a license from the Division of Health or without complying with any or all of the provisions contained in Chapter 24 of the State Sanitary Code, N.J.A.C. 8:24-1 et seq.*
- B. The fee for a temporary retail food establishment is forty-five dollars (\$45)*
- C. All nonprofit charitable organizations shall be exempt from such fee.*
- D. Applications for temporary retail food establishments must be submitted to the Department of Health at least 15 days prior to the event.*



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COMMISSARY AGREEMENT

Section 1 – To be completed by the APPLICANT

Business Name: _____

Owner / Operator Name: _____

Business Mailing Address _____

Best contact phone number _____ Email address: _____

I hereby certify that I am familiar with the N.J.A.C. 8:24 - CHAPTER 24 “*Sanitation in Retail Food Establishments, Food and Beverage Vending Machines and Cottage Food Operations*” requiring that all temporary mobile retail food establishments operate from an approved base location (otherwise known as a “Commissary kitchen”) and that all temporary mobile retail food establishments (trucks, table set-ups, trailers, and others) return daily to such location for vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food.

AND

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 and utensils used in that mobile operation is prohibited as per N.J.A.C. 8:24 and is subject to penalties, fines, and possible license forfeiture. If any changes in my operation occur, I agree to notify the Rahway Health Department immediately.

Mobile Establishment Owner’s name (print): _____

Mobile Establishment Owner’s signature: _____ Date _____

Section 2- To be completed by COMMISSARY OWNER / OPERATOR

Commissary Name: _____

Address: _____

Business phone number: _____

Owner / Operator Name: _____ Owner best contact number: _____

End date of this contract _____

Check all appropriate services provided:

- | | | |
|---|--|--|
| <input type="checkbox"/> Wastewater disposal | <input type="checkbox"/> Food preparation area | <input type="checkbox"/> Refrigeration equipment |
| <input type="checkbox"/> Portable water | <input type="checkbox"/> Electrical hookups | <input type="checkbox"/> Food storage facilities |
| <input type="checkbox"/> Disposal of rubbish & garbage | <input type="checkbox"/> Toilet & handwashing facilities | <input type="checkbox"/> Mop sink |
| <input type="checkbox"/> Hot / cold water for vehicle | <input type="checkbox"/> 3-Compartment sink | <input type="checkbox"/> Overnight vehicle storage |
| <input type="checkbox"/> Grease/oil disposal | <input type="checkbox"/> Utensils / Equipment Storage | |
| <input type="checkbox"/> Other services not listed: _____ | | |



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I hereby certify that the information I have provided is current, true, and correct to the best of my knowledge and meets the N.J.A.C 8:24 CHAPTER 24 "Sanitation in Retail Food Establishments, Food and Beverage Vending Machines and Cottage Food Operations" requirements.

If the food facility operator fails to comply with the conditions of this contract, or if this contract is modified or canceled, the commissary owner shall notify the Rahway Health Department immediately.

Commissary Kitchen Owner's name (print): _____

Commissary Kitchen Owner's Signature: _____ Date: _____

If the commissary kitchen is not inspected by the Rahway Health Department, you shall provide the commissary's last Inspection Report along with this agreement.

Note: If this Commissary Agreement is modified or canceled, and a new Commissary Agreement is not provided to this office, your permit to operate a food facility will be subject to suspension or revocation.

***This Commissary Agreement shall be effective for no longer than one year.**