EAST WINDSOR TOWNSHIP HEALTH DEPARTMENT

TEMPORARY RETAIL FOOD LICENSE APPLICATION

YEAR:

NAME OF EVENT _____

LOCATION OF EVENT _____

DATE/TIME _____

NAME OF BUSINESS _____

ADDRESS _____

*PHONE DAY_____ OTHER _____

LIST OF FOODS AND /OR DRINKS

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

SOURCE OF ICE _____

TYPE OF HANDWASH FACILITIES _____

TRASH FACILITIES _____

What method will be used to keep Food **HOT (135° or HIGHER),**
(i.e., Microwave)

_____

What method will be used to keep Foods **COLD (41° or LOWER**),
(i.e., Ice Chest)

_____

FOOD PREPARATON TO BE DONE @

ON SITE _____ AT A RETAIL FOOD ESTABLISHMENT _____ PREPACKAGED REQUIRING NO FURTHER FOOD HANDLING _____

OTHER
(Explain)_____

***NOTE**: IF THERE ARE POTENTAIL PROBLEMS OR QUESTIONS REGARDING YOUR PROPOSED MENU OR FOOD HANDLING METHODS, WE WILL CONTACT YOU TO DISCUSS SOLUTIONS