



**TEMPORARY VENDOR
 APPLICATION TO OPERATE AT A TEMPORARY EVENT**

For applications and information, go to www.secaucusnj.gov > Departments > Health > Temporary Event Licenses or visit our office at 20 Centre Avenue, Secaucus NJ 07094-3219

Health License Fees

Please reach out to your Event Coordinator to determine your temporary event fee, as necessary.

Application Submission:

1. Complete the Temporary Vendor Application
2. Submit the following additional documents with your application relevant to your establishment:

Retail Food Establishment	Mobile Retail Food Establishment (Food Truck)
<ul style="list-style-type: none"> • Food Safety or Manager certificate • Recent Satisfactory certificate from licensing entity • Current license from licensing entity 	<ul style="list-style-type: none"> • *Food Safety or Manager certificate • Recent Satisfactory certificate from licensing entity • Current license from licensing entity • Fire Department application with fee

Manufacturer or Distributor	Non-Profit organizations
Any of the following: <ul style="list-style-type: none"> • Food Cosmetic License • FDA certificate • Distributor's certificate • Manufacturer's or Distributor' Certificate 	<ul style="list-style-type: none"> • Food Safety Certificate

Cottage Food Operator or Homemaker
<ul style="list-style-type: none"> • Food Manager's Certification • Current license from New Jersey Dept. of Health or Licensing entity

Note: If you will have more than one (1) food booth/operation, submit a separate application for each booth/operation.

3. Submit your application to your Event Coordinator.

IMPORTANT:

**No applications will be accepted by this office directly from the vendor.
 Completed Applications must be submitted to the Event Coordinator.**

Department Coordinator: Christine Aguilera (201)-330-2031 or caguilera@secaucus.net

Administrative Support: Linda O'Connor (201)-330-2013 or loconnor@secaucus.net

(Email Subject Line: Temporary Events-Event Name & Dates)



TEMPORARY VENDOR APPLICATION TO OPERATE AT A TEMPORARY EVENT

Upon completion, submit this application, in full, to your event coordinator. No applications will be accepted by this office directly from the vendor.

BUSINESS INFORMATION	EVENT INFORMATION
Business Name	Event Name:
Owner Name or Contact	<input type="checkbox"/> Check here if the temporary event is at:
Mailing Address:	Meadowlands Exposition Center 355 Plaza Drive Secaucus, NJ 07094
City/State/Zip Code	**If event venue is different from the above, complete the below sections**
Business Phone	Event Location and Address:
Owner Business Phone	
Owner or Representative Cell Phone	
Emergency Contact Day of Event:	Food Vendor Service Dates Date(s) and Time(s):
Email Address:	
FOOD VENDOR INFORMATION	FOOD RISK CATEGORY (check one, as applies)
Vendor Type: <ul style="list-style-type: none"> <input type="checkbox"/> Food or Beverage <input type="checkbox"/> Manufacturer or Distributor <input type="checkbox"/> Mobile Food (circle one) Truck Trailer Cart <input type="checkbox"/> Check here if Vendor will be located outdoors <input type="checkbox"/> Other, please specify: _____ <p>Mobile Food Vendors must apply for a separate Fire Prevention permit, attached*</p>	Please refer to the "Food Vendor Risk Type" on the following page to determine your risk type: <ul style="list-style-type: none"> <input type="checkbox"/> Risk Type 1 <input type="checkbox"/> Risk Type 2 <input type="checkbox"/> Risk Type 3 <input type="checkbox"/> Risk Type 4 <p style="background-color: yellow;">In accordance to Town Ordinance, Food Vendors in Risk Type 2 through 4 will require a food handler or manager certificate</p>
Proposed Menu Items	
How will Menu items be delivered to the venue?	
Specify how cold and/or hot consumables will be maintained.	

I understand holding a license is a privilege, not a right and hereby declare that I will comply with all applicable federal, state, and local laws, 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. I acknowledge the violation of the sanitary code or other applicable New Jersey State or local laws may serve as a reason for denial of my application for a temporary health license, revocation of my license, legal action, fines, and/or a possible summons to appear in court.

Applicant Signature

Print Name

Date

FOOD VENDOR RISK TYPE DESCRIPTIONS

Is my temporary food establishment a Risk Type 1, 2, 3 or ? What is the difference between each risk type?

Food establishments are classified into four (4) risk types by:

- Kind of food served
- Menu size
- Type of food preparation

Dependent upon the information provided in your temporary vendor application and/or the inspections at your facility, the Health Inspector will determine the facility risk type using the following definitions:

Risk 1

- Does not cool potentially hazardous foods
- Prepares only non-potentially hazardous foods or heats only commercially processed, potentially hazardous foods for hot holding
- Serves only pre-packaged, non-potentially hazardous foods

Ex: prepackaged foods or goods ie store bought baked goods

Risk 2

- Has hot and cold holding of potentially hazardous foods after preparation or cooking or limits complex preparation of potentially hazardous foods, including the cooking, cooling and reheating for hot holding to 2 or fewer items
- Prepares, cooks and serves most products immediately.
- Limited menu and does not cool more than two (2) potentially hazardous foods.
- May include, but is not limited to the following examples:

Ex: pizza, sandwiches, simple fast food without cooling, quick service operations, simple grocery stores or convenience stores without cooling.

Risk 3

- Has a large menu that requires the complex preparation of menu items, including cooking, cooling and reheating of at least 3 or more potentially hazardous foods or prepares and serves potentially hazardous foods, including raw ingredients
- Serves a susceptible population
- May include, but is not limited to following examples:

Ex: full service restaurants, diners, bakeries, delis, commissaries, catering operations, nursing homes, hospitals, schools, etc.

Risk 4

- A retail food establishment that conducts specialized processes designed to control pathogen proliferation, including, but not limited to:
 - Acidification or Smoking
 - Bottling
 - Canning
 - Curing
 - Reduced oxygen packaging for an extended shelf life



Town of Secaucus Bureau of Fire Protection
1203 Paterson Plank Road 2nd Floor
Secaucus, New Jersey 07094

Phone: 201-330-2059 Fax: 551-257-7200

MOBILE VENDOR INFORMATION

Choose one: _____ Date and Location of Event: _____

Three Day Event \$25

Annual \$75

Type of Platform: Trailer Truck Food Cart Tent Other, please describe:

Does your mobile unit have a ventilation system? Yes No

If yes, last time ventilation system serviced: _____

Does the food you prepare/cook produce grease laden vapors? Yes No

Does your mobile unit have a Fire Suppression system? Yes No

Does your mobile unit have Fire Extinguishers? Yes No

Fire Extinguisher information (if yes)

Type _____ Size _____ Quantity _____ Date of last service _____

Type _____ Size _____ Quantity _____ Date of last service _____

Does your mobile unit use propane or compressed natural gas to Yes No

heat/ cook food?

If yes, date of last hydrostatic test _____

If no, what type of fuel is used to cook? _____

ACKNOWLEDGMENT

Payments may be made with a business check, bank check, or money order to the **Secaucus Fire Prevention Bureau**. For additional checklists, information, or questions, please contact the Bureau of Fire prevention.

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. Violation of the fire code or 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.

"I hereby declare that I will comply with all of the requirements of the ordinances and regulations of the Town of Secaucus and State of New Jersey, and that under penalty of perjury, the statements and documents attached constituting any part of this application are true, correct and complete to the best of my knowledge."

Applicant's Signature:

Title:

Print Name:

Date:

Upon completion of the above, this application must be submitted to the Fire Prevention Bureau with their requisite fee.