



# City of Linden

Union County, New Jersey

## HEALTH DEPARTMENT

605 South Wood Avenue, Linden, New Jersey 07036

Phone: 908-474-8409 | Fax: 908-474-1836

[health@linden-nj.gov](mailto:health@linden-nj.gov)

<https://linden-nj.gov/>



## Temporary Retail Food Establishment License Application

Please submit this application to the Health Department at least **two weeks prior** to the event.

The undersigned agrees to comply with all local, county, state and federal orders and regulations applicable to this license, and is responsible for obtaining any and all additional required approvals, permits, and licenses.

### Please complete the following information:

Business Name		
Business Address		
City	State	Zip Code
Applicant Name	Applicant Phone #	
Vendor/Applicant E-mail		
Legal Business Owner's Name		

**The Temporary Retail Food Establishment license must be displayed by the vendor at the event at all times!**

Name of Event Coordinator: \_\_\_\_\_ Phone Number/email: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Location: \_\_\_\_\_

Event Start/End Date: \_\_\_\_\_ Event Start/End Time: \_\_\_\_\_

**Commissary:** All temporary and special event vendors are required to have a commissary where all food storage, food prep (including washing and cutting of produce), baking, and cooking shall be done.

Provide copy of **current and valid Satisfactory Placard and license** for that commissary.

**Please complete the Commissary Agreement on page 4.**

If your operation does not require a commissary agreement, please provide the explanation below:

\_\_\_\_\_

Certified Food Managers Name: \_\_\_\_\_

Food Manager Certificate #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### For Health Department Use Only

Approved by: \_\_\_\_\_

Date license issued: \_\_\_\_\_ License # issued: \_\_\_\_\_



**Food Handling and Temperature Control**

How will bare hand contact with ready-to-eat foods be prevented?

- Tongs                       Food-grade disposable gloves                       Deli tissue                       Other:

How will foods be held cold? \_\_\_\_\_

How will foods be held hot? \_\_\_\_\_

**Water and Ice**

If you have ice for human consumption, where will ice be obtained?     Commissary                       Event

Other: \_\_\_\_\_

Where will you obtain potable water?  Commissary                       Event     Other: \_\_\_\_\_

Will you be using a hose to obtain water?                       Yes                       No

If yes, is the hose food-grade quality? \_\_\_\_\_ Do you have a backflow preventer for the hose? \_\_\_\_\_

Where will wastewater be disposed?                       Commissary     Event     Other: \_\_\_\_\_

**Sanitizing**

Where will utensil washing take place?                       Commissary                       3-compartment sink in unit/booth

What sanitizer will be used?                       Chlorine                       Quaternary ammonia

**Temperatures Maintained**

How will food temperatures be maintained during transportation?

- Insulated cooler, bag, plastic container                       Mechanical Refrigerators/Freezer

Other: \_\_\_\_\_

**Please include with your application a drawing of the booth layout that includes all cooking and cold/hot holding equipment, hand washing as well as a menu. Incomplete applications will delay the approval process.**

**Temporary retail food establishment license fee is \$30.00. This fee is waived if the applicant operates a licensed retail food establishment within Linden.**

**Applicant is responsible for obtaining all other required city, county, and/or state approvals/inspections prior to the event.**

**Submit this completed application, with fee, to:**

Linden Health Department  
605 South Wood Avenue, Linden NJ 07036  
Or email to [health@linden-nj.gov](mailto:health@linden-nj.gov)

# Commissary Agreement

Date \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_  
(Commissary owner/operator) (Commissary Establishment Name)

Located at

\_\_\_\_\_  
(Address of commissary, City, State, Zip)

Give my permission to \_\_\_\_\_ of \_\_\_\_\_  
(Temporary unit owner/operator) (Name of temporary unit)

To use my kitchen facilities to perform the following tasks on their operation days:

- Preparation of food, such as washing produce, peeling or cutting foods, cooking, cooling, reheating
- Warewashing
- Filling water tanks (must have food grade hoses)
- Dumping waste water
- Storage of foods, single-service items, and chemicals
- Servicing and cleaning of equipment and utensils
- Other (specify)

\_\_\_\_\_  
A Commissary Use Log will be maintained and made available to the department upon request. Indicate how and where the Commissary Use Log will be maintained:

Commissary Water Supply:

Public  Private (PWSID#) \_\_\_\_\_

Commissary Sanitary Sewer Service:

Public  Private

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Commissary owner/operator)

Commissary Contact Phone Number: \_\_\_\_\_

Commissary Email Address: \_\_\_\_\_

**This Commissary Agreement is Only Valid for the Current Year**