



INCORPORATED 1908

# Borough of Ramsey

HEALTH DEPARTMENT  
33 N. CENTRAL AVENUE  
RAMSEY, NJ 07446  
PHONE: 201-825-3400 Ext. 246 FAX: 201-825-7120

<b>Health Dept. Use Only</b>
License # 2021 -
Check No.
Cash:
Date:

**FEE: \$55.00 PER VENDOR**

**NAME OF EVENT OR FUNCTION:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_ **DATE(S) / HOURS OF EVENT:** \_\_\_\_\_

### LICENSE INFORMATION:

**NAME OF BUSSINESS/COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #** \_\_\_\_\_ **FAX#** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

Should License be mailed to this address?  Yes  No (If not, please provide address)

**MAILING ADDRESS IF DIFFERENT FROM ABOVE:**

\_\_\_\_\_  
\_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**NAME OF PERSON-IN-CHARGE AT EVENT (MUST BE KNOWLEDGEABLE IN SAFE FOOD HANDLING):**

\_\_\_\_\_

**BEST PHONE NUMBER TO REACH PERSON-IN-CHARGE:**

\_\_\_\_\_

### LICENSE INFORMATION:

**NAME OF BUSSINESS/COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

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**LIST FOODS AND BEVERAGES TO BE SERVED AND WHERE YOU OBTAIN THEM FROM:**

**READY-TO-EAT, NO PREP (RAW VEGATABLES/HONEY/ETC.)** \_\_\_\_\_

\_\_\_\_\_  
**ITEMS COOKED AND/ORPREPARED ON SITE** \_\_\_\_\_

\_\_\_\_\_  
**FOODS COOKED AND COOLED IN ADVANCE** \_\_\_\_\_

\_\_\_\_\_

**IF ANY FOODS ARE COOKED OR PREPARED IN ADVANCE AT A LOCATION OTHER THAN YOUR BASE OR OPERATION, LIST THEM HERE AND STATE WHERE YOU OBTAIN THEM:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SPECIFY THE TYPE(S) OF CONTAINER(S) YOU WILL USE TO TRANSPORT THE FOLLOWING FOODS TO THE EVENT AND HOW MUCH TIME EACH WILL SPEND IN-TRANSIT:**

**FROZEN FOODS:** \_\_\_\_\_

**COLD FOODS (41°F and below):** \_\_\_\_\_

**HOT FOODS (135°F and above):** \_\_\_\_\_

**BARE HAND CONTACT WITH READY TO EAT FOODS IS PROHIBITED. INIDICATE METHOD YOU WILL USE TO ASSEMBLE / PREPARE / SERVE READY-TO-EAT FOODS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SOURSE OF POTABLE WATER:** \_\_\_\_\_  
(PRIVATE WELL WATER IS NOT PERMITTED)

**EMPLOYEE HANDWASHING: METHOD AT BOOTH WHERE FOOD IS MADE OR SERVED:** \_\_\_\_\_

\_\_\_\_\_  
**METHOD FOR WASHING/SANITIZING UTENSILS:** \_\_\_\_\_

\_\_\_\_\_  
**REMOVAL COMPANY (IF APPLICABLE):** \_\_\_\_\_

**FREQUENCY OF REMOVAL:** \_\_\_\_\_

**TYPE OF SANITIZER THAT WILL BE USED ON SITE:** \_\_\_\_\_  
(Commercially prepared and packaged sanitizers preferred. If using a solution that you have diluted from concentrate or transferred from a bulk container, you must label and identify the contents of the container you are using. You must have appropriate test strips available to verify proper concentration being used.)

**COMPLETE IF YOU ARE SUPPLYING PORTABLE SANITARY FACILITIES FOR PUBLIC USE:**

**COMPANY NAME:** \_\_\_\_\_ **COMPANY PHONE #:** \_\_\_\_\_

**NO. OF UNITS:** \_\_\_\_\_ **DOES UNIT CONTAIN HANDWASHING UTILITY?** \_\_\_\_\_

**WHO WILL MONITOR SUPPLIES (TOILET PAPER, SOAP, ETC.)? IN THE PORTABLE SANITARY FACILITY AND ON WHAT SCHEDULE:** \_\_\_\_\_

**BASE OPERATION/COMMERCIAL KITCHEN INFORMATION:**

**NAME OF BUSSINESS/COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

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**A BOARD OF HEALTH LICENSE DOES NOT CONSTITUTE PERMISSION TO VIOLATE ANY OTHER TOWNSHIP ORDINANCE, REGULATION OR CODE.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**YOU MUST HAVE A THIN-PROBE FOOD THERMOMETER AVAILABLE ON SITE**

**MINIMUM COOKING TEMPERATURE OF POTENTIALLY HAZARDOUS FOOD IS 145°F (OR ABOVE)**

**MINIMUM REHEATING TEMPERATURE OF POTENTIALLY HAZARDOUS FOODS IS 165 °F**

**GROUND BEEF MUST BE COOKED TO A MINIMUM TEMPERATURE OF 155°F.**

**HOME PREPARED FOODS ARE PROHIBITED FOR USE.**

**YOUR APPLICATION MAY BE REJECTED IF YOUR SERVE SAFE, FOOD HANDLER'S CERTIFICATE OR COMMERCIAL KITCHEN INFORMATION IS NOT LISTED OR SUBMITTED.**