



# TOWNSHIP of MONTGOMERY

## HEALTH DEPARTMENT

Also serving the Borough of Rocky Hill

100 Community Drive Skillman, New Jersey 08558

Phone: 908-359-8211 Fax: 908-430-7336 Email: [Health@montgomernj.gov](mailto:Health@montgomernj.gov)

### TEMPORARY RETAIL FOOD APPLICATION

Check one:

- 1-2 DAY FEE: \$50.00   
  3-4 DAY FEE: \$100.00   
  FEE WAIVED\* (non-profit)

\* The Fee is only waived for Public Non-Profit Organizations. If asked, be prepared to provide our office with a copy of an IRS 501(c)(3) letter to verify your non-profit classification.

NAME OF APPLICANT: \_\_\_\_\_

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

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_ TIME OF EVENT: \_\_\_\_\_

ADDRESS OF EVENT SITE: \_\_\_\_\_

ALL FOOD TRUCKS **MUST PROVIDE** A COPY OF THEIR MOST RECENT HEALTH DEPARTMENT INSPECTION REPORT FROM THE TOWN WHERE THEY ARE BASED IN.  Check box if included

**COMPLETE THE FOLLOWING:** *(Answer all Questions - Both sides of Form)*

#### MENU

#### HOW SERVED

What kind of meats or poultry will be served?

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

- Hot             Cold  
 Hot             Cold

What kind of fish or shellfish will be served?

\_\_\_\_\_

- Hot             Cold

What kind of salads?

\_\_\_\_\_

- Hot             Cold

What kind of beverages?

\_\_\_\_\_

- Hot             Cold

What kind of desserts?

\_\_\_\_\_

- Hot             Cold

Any other foods not previously listed?

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

- Hot             Cold  
 Hot             Cold  
 Hot             Cold

While transporting food to the event, explain how you will ensure cold foods maintain 41° F or below & hot foods 135° F or above. (i.e: coolers w/ ice packs, insulated containers, etc)

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**During the Event:**

Method for keeping cold foods at 41° F or below:  refrigerator  freezer  ice chest  other (explain)  N/A

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Method for keeping hot foods at 135° F or above:  steam table  grill/oven  sterno  other (explain)  N/A

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Method used to protect foods on display:  sneeze guards  display cases/covers  other (explain)  N/A

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**Off-Site Facilities:**

Food for the event will be purchased from: \_\_\_\_\_

\* Name & Address of where any food will be stored or advanced food prep for the event will be performed (i.e. restaurant or commissary):

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\* Preparation of food in a “home kitchen” is strictly forbidden without a Cottage Permit from the NJDOH. If you have a Cottage Permit, a copy **must be** included with application.

**If you are cooking with propane or any open flame you need to contact Montgomery Fire Prevention for a separate permit. (908) 359-8211 ext. 2230 or email: fireprevention@montgomerynj.gov**

*I hereby certify that all the above listed information is correct and I fully understand that any deviation from the above without prior permission from the Montgomery Township Health Department may nullify this permit.*

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**Print Name**

**Signature (of Applicant)**

**Date**

**\*\* This application must be submitted at least 7 days prior to the event. \*\***

Make checks payable to: “Montgomery Township”

<b>FOR HEALTH DEPARTMENT USE ONLY</b>	
Date Received: ____/____/20____	License Number: _____
Date Issued: ____/____/20____	Approved By: _____

Revised: December 1, 2023