

**TOWNSHIP OF CLARK HEALTH DEPARTMENT
430 WESTFIELD AVE.
CLARK, NJ 07066
732-428-8405
RETAIL FOOD ESTABLISHMENT APPLICATION
PLEASE PRINT**

1. APPLICANT'S NAME: _____
2. ADDRESS: _____
3. DAYTIME TELE. #: _____ EMERGENCY #: _____
4. DO YOU HOLD A CURRENT RETAIL FOOD LICENSE IN CLARK?: _____
5. DO YOU HOLD A LICENSE FROM ANY OTHER MUNICIPALITY?: _____
IF YOU ANSWERED YES TO # 5, YOU ARE RESPONSIBLE FOR AND MUST
SUBMIT A COPY OF THE FOLLOWING: CURRENT YEAR'S LICENSE,
CURRENT YEAR'S INSPECTION REPORT AND SATISFACTORY PLACARD.
6. WHAT TYPE OF EVENT ARE YOU APPLYING FOR? _____
7. WHAT DATE(S) WILL THE EVENT BE HELD? _____
8. WHAT TIME WILL YOU BE ARRIVING TO SET UP FOR FOOD SERVICE?
NOTE: IF THE EVENT IS MULTIPLE DAYS, LIST ALL DAYS AND TIMES:

9. LIST ALL TYPES OF FOOD AND BEVERAGES THAT WILL BE SOLD:
SEE PAGE 3
10. DESCRIBE HOW POTENTIALLY HAZARDOUS/PERISHABLE FOOD WILL
BE KEPT COLD (41 DEGREES FAHRENHEIT OR
BELOW): _____

11. DESCRIBE HOW POTENTIALLY HAZARDOUS FOOD/PERISHABLES WILL
BE KEPT HOT (ABOVE 135 DEGREES FAHRENHEIR:

12. WHERE WILL YOU PREPARE THE FOOD?: _____

13. IF FOOD IS NOT PREPARED ON SITE AND TO ORDER, WHERE AND HOW WILL IT BE PREPARED? _____

14. WHERE WILL YOU PURCHASE THE FOOD FROM? (GIVE EXACT NAME, ADDRESS AND TEL. #): SEE PAGE 3

15. DESCRIBE HOW THE FOOD WILL BE TRANSPORTED:

16. LIST ALL EQUIPMENT AND UTENSILS YOU WILL USE TO STORE, PREPARE, AND SERVE THE FOOD: _____

17. DESCRIBE HOW AND WHERE EQUIPMENT AND UTENSILS WILL BE WASHED, RINSED AND SANITIZED: **PLEASE NOTE THE CLARK HEALTH DEPARTMENT HAS STRICT REQUIREMENT FOR WASHING, RINSING AND SANITIZING EQUIPMENT AND UTENSILS WHICH MUST BE ADHERED TO:**

18. HOW AND WHERE WILL YOUR EMPLOYEES WASH THEIR HANDS?

19. NAME OF PERSON(S) IN CHARGE WHO WILL BE PRESENT DURING THE ENTIRE VENT: _____

NOTE: THIS IS ANEW REQUIREMENT AND IS MANDATORY

20. EFFECTIVE JANUARY 1, 2010, AT LEAST ONCE PERSON ASSOCIATED WITH A RISK 2,3 OR 4 RETAIL FOOD ESTABLISHMENT SHALL BE CERTIFIED AS A FOOD MANAGER. ACCEPATBLE CERTIFICATIONS INCLUDE SERV SAFE, NATIONAL REGISTRY AND THOMPSON PROMETRIC. PLEASE INCLUDE A COPY OF YOUR CERTIFICATE WITH YOUR APPLICATION. **THIS IS A MANDATORY REQUIREMENT**

21. THE FEE FOR RETAIL FOOD ESTABLISHMENTS NOT LICENSED IN CLARK TOWNSHIP AND INSPECTED BY THE CLARK HEALTH DEPARTMENT IF \$250.00. PLEASE INCLUDE A CHECK PAYABLE TO THE TOWNSHIP OF CLARK.

BY SIGNING BELOW I UNDERSTAND THAT THE CLARK HEALTH DEPARTMENT HAS THE AUTHORITY TO MAKE CHANGES IN MY APPLICATION CONSISTENT WITH CHAPTER 24 OF THE NEW JERSEY STATE SANITARY CODE AND/OR LIMIT MENU ITEMS. I ALSO UNDERSTAND THAT I MUST CONSPICUOUSLY DISPLAY MY RETAIL FOOD LICENSE DURING THE ENTIRE LENGTH OF THE EVENT AND I MAY BE ASKED TO SURRENDER MY LICENSE AND CEASE OPERATION IF AN INSPECTION EVALUATES MY OPERATION AS UNSATISFACTORY.

PRINT NAME

SIGNATURE OF APPLICANT

DATE

.....

DO NOT WRITE BELOW THIS LINE

APPLICATION APPROVED _____, NOT APPROVED _____ DATE: _____

_____, HEALTH OFFICER

LICENSE #: _____

DOC: TEMP. RFE

PARTIAL CHECK LIST OF MANDATORY REQUIREMENTS

1. HAIR NETS, HAIR RESTRAINTS, BANDANNAS, OR CAPS
2. AN ADEQUATE SUPPLY OF DISPOSABLE GLOVES FOR ALL EMPLOYEES
3. FDA APPROVED HAND SANITIZER OR A SEPARATE HANDWASH SINK WITH HOT AND COLD RUNNING WATER AND SOAP.
4. THERMOMETERS IN ALL REFRIGERATION AND FREEZER UNITS
5. STEM TYPE THERMOMETERS TO TEST FOOD TEMPERATURES.
6. SINCE THERE IS NO FACILITY FOR FOOD VENDORS TO PROPERLY WASH, RINSE AND SANITIZE EQUIPMENT AND UTENSILS, AT LEAST FOUR (4) SEPARATE SETS OF UTENSILS USED TO PREPARE/SERVE FOOD, MUST BE PROVIDED. UTENSILS MUST BE PRE WASHED AND SANITIZED PRIOR TO THE EVENT AND PLACED IN SEALED ZIP LOCK BAGS TO PREVENT CONTAMINATION. UTENSILS MUST BE REPLACED AFTER 4 HOURS OF USE. THE USE OF THREE SEPARATE BUCKETS IS PROHIBITED.

PLEASE NOTE ADDITIONAL REQUIREMENTS MAY BE IMPOSED BASED ON MENU ITEMS AND PREPARATION

