



# 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/>



**Public Health**  
Prevent. Promote. Protect.

## Temporary Retail Food Establishment License Application

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

### 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!**

Event name: \_\_\_\_\_

Date(s)/Time(s): \_\_\_\_\_ Location: \_\_\_\_\_

### 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: \_\_\_\_\_



**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 \$20.00. 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**