



PARAMUS HEALTH DEPARTMENT

1 W JOCKISH SQUARE

PARAMUS, NEW JERSEY 07652

Paramus Health Department
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APPLICATION FOR TEMPORARY FOOD EVENTS

(Name of Event)

(Address of Event)

(Dates of Event)

(Time of Event)

(Event Organizer Name)

(Event Organizer Phone Number)

(Event Organizer Email Address)

(Event Organizer Fax Number)

(Vendor/Business Name)

(Contact Name)

(Vendor Address)

(Vendor Phone Number)

(Vendor Fax Number)

(Vendor Email Address)

A copy of the Health Department **LICENSE FOR THE LOCATION OF FOOD PREP KITCHEN** and a copy of the Health Department **LICENSE FOR THE BUSINESS** (if different) must be submitted with this application.

**** FOOD PROTECTION MANAGER CERTIFICATION(S) MUST BE SUBMITTED****

I am/we are cognizant of the regulations of the New Jersey Department of Health and Senior Services and the Paramus Health Department and agree to be governed thereby:

DATE OF APPLICATION: _____

SIGNATURE: _____

PRINT NAME & TITLE: _____

Handwashing method:

Describe how equipment and utensils will be cleaned and sanitized on site:

Circle underlined items that are needed for your operation:

Digital thin probe thermometer to monitor internal food temperature with sanitizing wipes
air probe thermometer to monitor ambient temperature of cold and hot holding equipment (Examples,
coolers, ice chests, cambros, etc.) disposable gloves hand maintenance station soap & sanitizer
for utensils and equipment accompanied by sanitizer test strips make shift three compartment sink
potable water cleaning bucket hair restraints

NOTE: ALL ILL FOOD HANDLERS ARE PROHIBITED FROM PREPARING AND SERVING FOOD