

**Borough of Paramus**  
**Department of Health and Human Services**  
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**Paramus, New Jersey 07652**  
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**APPLICATION FOR TEMPORARY EVENT FOR FOOD ESTABLISHMENTS**

Name of event: \_\_\_\_\_

Address of Event: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_ Time of event: \_\_\_\_\_

Event organizer name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Vendor/Business Name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address of licensed food establishment where food is being prepared:

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail : \_\_\_\_\_

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

Food protection manager cetification(s). If applicable a copy mut be submitted. Yes \_\_\_\_\_ No \_\_\_\_\_

**Fees: 1-3 Days \$100, 4-10 Days \$200**  
Make Checks Payable to the Paramus Board of Health

I AM/WE ARE COGNIZANT OF THE REGULATIONS OF THE NJ DEPARTMENT OF HEALTH & SENIOR SERVICES & THE PARAMUS BOARD OF HEALTH & AGREE TO BE GOVERNED THEREBY:

DATE OF APPLICATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME & TITLE: \_\_\_\_\_

List of all foods to be sold. **THE ONSITE HEALTH DEPARTMENT INSPECTION WILL BE BASED ONLY ON THE ITEMS AND PROCEDURES LISTED ON THIS FORM**

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NOTE: If foods are pre-packaged, they must comply with FDA labeling regulations and if needed have the approval from the local health department for any specialized process. Examples of specialized processes include jarring, canning, reduced oxygen packaging, vacuum packaging, acidification, curing, drying, pasteurization      YES \_\_\_\_\_ NO \_\_\_\_\_

**\*\*\* NOTE: COLD FOOD MUST BE HELD BELOW 41°F AND HOT FOOD MUST BE HELD ABOVE 135°F\*\*\***

Describe how foods will be held at proper temperature during transport: \_\_\_\_\_

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Describe how food will be held at proper temperature during event: \_\_\_\_\_

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Describe how food will be displayed during event. Examples, sneeze guard, covers, plastic wrap, etc. \_\_\_\_\_

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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\*\*\***

