

**BOROUGH OF PARAMUS
BOARD OF HEALTH
BOROUGH HALL, JOCKISH SQUARE
PARAMUS, NJ 07652
PHONE: 201-265-2100, Ext. 2300 FAX: 201-225-9014**

TEMPORARY FOODHANDLING PERMIT APPLICATION

ORGANIZATION NAME: _____

LOCATION OF EVENT: _____

DATE(S) HOURS OF OPERATION: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____ FAX: _____ CELL: _____

LIST FOOD(S) TO BE SERVED AND SOURCES (attach additional list if necessary) _____

METHOD(S) OF FOOD DISPLAY/STORAGE (pre-packaged, covered containers, etc) _____

METHOD OF MAINTAINING SAFE TEMPERATURES:

HOT: (135 DEGREES AND ABOVE) _____

COLD: (41 DEGREES AND BELOW) _____

METHODS FOR UTENSIL WASHING/SANITIZING: _____

FACILITIES PROVIDED FOR EMPLOYEE HANDWASHING: YES _____ NO _____

IF YES, WHAT TYPE? _____

*NOTE: HOME PREPARED FOODS AND POTENTIALLY HAZARDOUS FOODS ARE PROHIBITED FOR SALE!
THIS PROHIBITION SHALL NOT APPLY TO NON-POTENTIALLY HAZARDOUS HOME BAKED GOODS.*

FEES:	1 TO 3 DAYS - \$100.00	4 TO 10 DAYS - \$200.00
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I AM/WE ARE COGNIZANT OF THE REGULATIONS OF THE NJ DEPARTMENT OF HEALTH AND SENIOR SERVICES AND THE PARAMUS BOARD OF HEALTH AND AGREE TO BE GOVERNED THEREBY.

DATE OF APPLICATION: _____

SIGNATURE: _____

PRINT NAME AND TITLE: _____

** FOR OFFICE USE ONLY

DATE RECEIVED: _____ RECEIPT NO. _____ FEE PAID: _____