



**City of Lambertville**

18 York Street  
Lambertville, NJ 08530  
Phone: 609-397-0110  
Fax: 609-397-2203

Office Hours: 9 AM to 4:30 PM  
*Monday through Friday, excluding holidays*

**APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD CONCESSION**

Name of the Event: \_\_\_\_\_ Date of the Event: \_\_\_\_\_

Place of the Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Name of Event Coordinator: \_\_\_\_\_ Tel Day of Event: \_\_\_\_\_

**(The above person must be the designated person available on the day of the event to answer questions.)**

Name of Food Booth: \_\_\_\_\_

Time Booth will be ready for inspection: \_\_\_\_\_

Name of Food booth owner: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Number of food booths: \_\_\_\_\_

Fee Schedule:	One to three days.....	\$95.00
	Four or more days.....	\$135.00

Please make check payable to "City of Lambertville"

1. Where will food be stored and/or prepared prior to the Event? *(Storage facility must be a licensed facility. Items may not be stored in a private home. No foods may be prepared in a private home)*

Name of Establishment: \_\_\_\_\_ Inspected By: \_\_\_\_\_

Address: \_\_\_\_\_

2. How will you keep food cold? (41 degrees F.) On site at sales booth? *(Examples: food requiring refrigeration includes raw and previously cooked meats; poultry; fish; vegetables; salads; eggs and dairy products).*

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3. How will you keep hot food hot? (135 DEGREES F.) On site at sales booth? (*Examples: cooked, ready-to-serve meats; poultry; seafood; tofu; cooked onions and peppers; potatoes; beans; falafel; chili; barbeque; "veggie burgers"; etc.*)

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4. How will you prevent bare hand contact with ready-to-eat foods?

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5. Describe the hand washing facilities at your booth:

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6. Describe the ware washing facilities in your booth:

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7. List all food and beverage items that will be served:

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8. I agree to abide by the regulations as per N.J.A.C. 8:24 et. seq.

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APPLICANT'S SIGNATURE

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DATE

(OFFICIAL USE ONLY)	Payment Received _____	Temporary Food
	Method of Payment _____	License Number: 2015-_____
APPROVED YES _____ NO _____		

Licensed issued by: \_\_\_\_\_ Title: \_\_\_\_\_