Village of Ridgewood Department of Health 131 N Maple Ave Ridgewood, NJ 07450

(P) 201-670-5500 x <u>2241</u>

(F) 201-670-5556

Participant:

Attached you will find your application for a 2023 One Day Special Event License. Please return the form and REQUIREMENTS 1-6 to our office in addition to the materials listed below at least 10 days prior to the event by mail, email, or fax. An incomplete form will result in a delay of your application process.

- 1. Completed application for a one day special event.
- 2. \$50 fee per day *or* non-for-profit event fee request letter.
- 3. Stamped, self-addressed envelope.
- 4. On-site employee's food handler certificate.
- 5. Health department license.
- 6. Previous inspection report AND satisfactory placard.

ALL LICENSES EXPIRE AT THE END OF THE DAY ON THE DAY OF THE EVENT.

-Marianny Fermin Registered Environmental Health Specialist Email: mfermincornelio@ridgewoodnj.net

Village of Ridgewood

Application for a One Day Special Event

Type or Print in each section. Enter N/A where requested information does not apply. Leave NO BLANK SPACES. Failure to complete any information may result in a delay of application being processed.

Event Operator Information	Event Information		
Name of Owner and Business Name:	Event Name:		
Business Mailing Address:	Location Name:		
Owner's Home Address:	Location Address:		
Business Phone and Email:	Hours of Event (Including Set-up Time):		
Type of Organization (Check One):	Date(s) of Event:		
☐ For Profit ☐ Charitable — Not for Profit			
On-Site Employee Name:	Event Location:		
On-Site Employee Mobile Phone Number:	Facility Type (Check One):		
	☐ Booth ☐ Food Truck — Plate #		
	☐ Food Cart ☐ Permanent Building		
On-Site Employee's Email Address:	Event Organizer's Name:		

	Food Information: List All Food/Beverage Products That Will Be Prepared, Sold, or Given Away If the food is not prepared on-site, specify where it will be made.
	(If More Space Is Needed, Use The Back of the Page)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Temporary Food Establishment Requirements					
Handwashing Facilities Type (Check One):	I acknowledge that	all handwashing facilities must be		
☐ Gravity-fed water with spigot/bucket		stocked with soap, single-use paper towels, and warm			
☐ Self-contained portable unit (with pot	able water and	water.			
waste water holding tanks)					
☐ Plumbed with hot and cold water und	er pressure	□Yes			
Food Storage or Display Equipment		Toilet Facilities for Food Employees:			
Identify all holding equipment that will I	pe used:	Provided by: ☐ Event Coordinator ☐ Food Vendor			
		Location:			
Cooking Equipment		Food Transportation			
Identify all cooking equipment that will	be used:	Identify how food will be transported to the event:			
Define Demond		Food Francisco			
Refuse Removal		Food Employees			
identify responsible party for waste rem	entify responsible party for waste removal:		List all employees who will be on-site:		
Where is the food purchased? If all foods are not packaged, I acknowledge		packaged, I acknowledge that gloves or			
where is the jood parendsed.		suitable utensils must be used and bare-hand contact is			
I acknowledge to save receipts. □Yes		prohibited. □Yes			
Sanitizer to be used:		A stem thermometer will be on-site for cooking? ☐ Yes			
☐ Chlorine			Thermometers will be in all cooling units? ☐ Yes		
☐ Quaternary Ammonia		Thermometers will be in all cooling aimes.			
A One Day Special Event permit will not	be issued unless this	application meets a	II local and state requirements.		
Additionally, the undersigned is aware t	hat non-compliance	may result in closure	of the One Day Special Event.		
Applicant's Name (Print): Applicant's Signature:					
Do Not Complete Information Below – For Office Use Only					
Application Approved	Reviewer Signature / Title		Date		
□ Yes □ No	□ Yes □ No				

^{*}Reason(s) for Disapproval: