

**FRANKFORD TOWNSHIP BOARD OF HEALTH
151 US HIGHWAY 206
AUGUSTA, NEW JERSEY 07822
PHONE: 973-948-6453**

Secretary: Toni Smith

**APPLICATION FOR PERMIT TO OPERATE A TEMPORARY RETAIL
FOOD HANDLING ESTABLISHMENT**

Date of Application: _____

Applicant Name: _____

Mailing Address: _____

Phone #: _____

For Fairgrounds Vendors Only

**Please list the name and date of all events you will be operating at during the 2011
Calendar Year at the Fairgrounds:**

Foods To Be Prepared Or Processed:

Where are foods Stored, Prepared and/or Processed:

Number of Food Handlers on staff: _____

**Name of Current Employee or Member With Certification & Date Issued (MUST attach a copy of
Certification to complete this Application):**

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The undersigned has read and understands the provisions of the Township Ordinances regulating food handlers and retail food handling establishments and understands the requirements of these ordinances must be met.

Applicant's Signature: _____

PERMIT FEE MUST ACCOMPANY THIS APPLICATION (Please make checks payable to Frankford Township Board of Health):

| | |
|--|--------------------------------|
| Total floor area greater than 300 square ft. | \$300.00 for the calendar year |
| Total floor less than 300 square ft.: | \$200.00 for the calendar year |
| Temporary food permit: | \$100.00 for a one-day event |
| Additional vendor location at same site: | \$ 75.00 for the calendar year |
| Non-profit vendor: | \$ 50.00 for the calendar year |

All Applications and Permit Fees must be mailed directly to the Township of Frankford:

Frankford Township Board of Health
151 US Highway 206
Augusta, NJ 07822

Any questions regarding this application can be directed to the Secretary of the Board of Health at 973-948-6453.