



# VILLAGE OF RIDGEWOOD

131 N. MAPLE AVENUE, RIDGEWOOD, NJ 07450

## Ridgewood Health Department

Registered Environmental Health Specialist: 201-670-5500 x2241

Main Phone: 201-670-5500 X5503

Fax: 201-670-5556

## One Day Special Event/ Temporary Event License

### Participant:

Attached you will find your application for a 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 business days/ 14 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 \$150 fee for annual license \_\_ OR** non-for-profit event fee request letter -if applicable \_\_.
3. Stamped, self-addressed envelope.
4. On-site employee's food handler certificate.
5. Health department license for Food vendor **AND** Commissary- if applicable.
6. Previous inspection report **AND** satisfactory placard for Food vendor **AND** Commissary- if applicable.

Note: Annual Temporary Event License Applications require, requirements 1-6 to be completed and submitted along with the \$150 fee. This application must be completed and submitted for each additional event after obtaining Annual Temporary Event License.

**ALL LICENSES EXPIRE AT THE END OF THE DAY ON THE DAY OF THE EVENT. IF ANNUAL LICENSE IS OBTAINED, LICENSE EXPIRES ON THE LAST DAY OF THE CALENDAR YEAR, MUST BE ANNUALLY RENEWED.**

Fire Department: Please inquire with Fire Prevention Bureau at 201-670-5500 x5408, or [fireprevention@ridgewoodnj.net](mailto:fireprevention@ridgewoodnj.net) if you are going to be using any open flames, flame-producing devices, and any generators when applying for an ODSE/Seasonal/Agriculture permit with the Health Department.

Marianny Fermin, REHS  
[mfermincornelio@ridgewoodnj.net](mailto:mfermincornelio@ridgewoodnj.net)

**Application for a One Day Special Event/ Temporary Event License**

**TEMPORARY EVENTS**

Events where food vendors operate at a fixed location for a temporary period of time in connection with a licensed Ridgewood-located food establishment, fair, carnival, public exhibition, parade, fireworks, farmers market, or similar temporary or transitory gathering or event whereby food is served handled or provided to the public with or without charge for the food.

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

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)

**Commissary Name and Address (if applicable):**

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

<b>Temporary Food Establishment Requirements</b>	
<p><i>Handwashing Facilities Type (Check One):</i>  <input type="checkbox"/> Gravity-fed water with spigot/bucket  <input type="checkbox"/> Self-contained portable unit (with potable water and waste water holding tanks)  <input type="checkbox"/> Plumbed with hot and cold water under pressure</p>	<p><i>I acknowledge that all handwashing facilities must be stocked with soap, single-use paper towels, and warm water.</i></p> <p>____ Yes</p>
<p><i>Food Storage or Display Equipment:</i>  Identify all holding equipment that will be used:</p>	<p><i>Toilet Facilities for Food Employees:</i>  Provided by: ____ Event Coordinator  ____ Food Vendor</p> <p>Location:</p>
<p><i>Cooking Equipment:</i>  Identify all cooking equipment that will be used:</p>	<p><i>Food Transportation:</i>  Identify how food will be transported to the event:</p>
<p><i>Refuse Removal:</i>  Identify responsible party for waste removal:</p>	<p><i>Food Employees:</i>  List all employees who will be on-site:</p>
<p><i>Where is the food purchased?</i>  <i>I acknowledge to save receipts.</i></p> <p>____ Yes</p>	<p><i>If all foods are not packaged, I acknowledge that gloves or suitable utensils must be used and bare-hand contact is prohibited.</i></p> <p>____ Yes</p>
<p><i>Sanitizer to be used:</i></p> <p>____ Chlorine  ____ Quaternary Ammonia</p>	<p><i>A stem thermometer will be on-site for cooking?</i></p> <p>____ Yes</p> <p><i>Thermometers will be in all cooling units?</i></p> <p>____ Yes</p>

A One Day Special Event permit will not be issued unless this application meets all local and state requirements. Additionally, the undersigned is aware that 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
<input type="checkbox"/> Yes <input type="checkbox"/> No		

\*Reason(s) for Disapproval: