

BOROUGH OF CLOSTER

DEPARTMENT OF HEALTH

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HEALTH OFFICER

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BOROUGH HALL
201-784-0600 EXT.493
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FAMERS MARKET VENDOR PERMIT

FEE: \$75 PER EVENT

Food: _____ Milk: (Additional \$5.00) _____ Total: _____

APPLICATION IS HEREBY MADE FOR A LICENSE TO OPERATE A **FARMERS MARKET VENDOR PERMIT** AS DEFINED IN THE REVISED CLOSTER HEALTH CODE, ARTICLES IV AND XII.

TRADE NAME: _____

CORPORATION NAME: _____

Telephone Number at Restaurant: _____

ADDRESS: _____ EMAIL ADDRESS: _____

Name and Address of Owner(s) _____

OWNER'S EMAIL ADDRESS: _____ CELL PHONE NO. OF THE OWNER: _____

NAME OF PERSON FROM ESTABLISHMENT THAT HAS TAKEN THE FOOD MANAGERS / FOOD HANDLERS COURSE

**

****IF DATE CERTIFIED IS OVER FOUR YEARS, A NEW COURSE MUST BE TAKEN: NO EXCEPTIONS**

(PLEASE INCLUDE COPIES OF CERTIFICATION WITH THE LICENSE RENEWAL)

FOR VENDER(s) SELLING CANNED/ JARRED FOODS: (PLEASE READ AND PROVIDE HIGHLIGHTED DOCUMENTATIONS)

Canned/Jarred Foods (refrigerated, high acid):

- **Must provide proof of approved processing procedures, including approval of the recipe.**
- The product must be stored in an approved refrigerated area at 41° F and labeled "Keep Refrigerated."

Canned/Jarred "Acidified" Foods Intended for Refrigerated Storage:

- **A recognized processing authority must develop the process and it must be filed with the FDA.**
- **The manufacturer must register with the FDA.**
- The label must state: "Refrigerate After Opening."

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- The product must be stored in an approved sanitary storage area.

Packaged "Acidified Foods" Intended for Refrigerated Storage:

- You must provide written processing procedures and approval of the recipe.
- Acidification records (pH readings) must be maintained for each batch.
- The label must read "Keep Refrigerated."

LIST OF FOOD PRODUCTS/ITEMS SELLING DURING MARKET: (PLEASE PROVIDE DETAILED LISTS)

1. _____
2. _____
3. _____
4. _____
5. _____

PLEASE LIST NAME, ADDRESS & TELEPHONE NUMBER OF ALL SUPPLIERS:

1. _____
2. _____
3. _____
4. _____
5. _____

IN CONSIDERATION OF SUCH LICENSE, APPLICANT AGREES TO COMPLY AT ALL TIMES WITH ALL STATUTES, ORDINANCES, RULES AND REGULATIONS OF BOTH THE NEW JERSEY DEPARTMENT OF HEALTH AND OF THE BOROUGH OF CLOSTER. LICENSE, IF GRANTED, IS UPON EXPRESS CONDITION OF ITS FORFEITURE OR REVOCATION IF CASE THE LICENSEE, HIS AGENT, OR SERVANT VIOLATES THE CONDITIONS SET FORTH HEREIN.

PLEASE NOTE:

- **APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND RETURNED WITH APPLICABLE FEE**
- **LICENSES ARE NOT TRANSFERRABLE IF BUSINESS IS SOLD**
- **LICENSES ARE RENEWABLE IN JANUARY AND EXPIRE DECEMBER 31ST**

I hereby consent to inspection by the Closter Health Department and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with state and local nursery/daycare establishment requirements, a copy of which I have received. BY SIGNING BELOW, I HEREBY UNDERSTAND AND COMPLY WITH ALL THE CONDITIONS SET FORTH IN THIS APPLICATION.

PRINT NAME AND SIGN

DATE