

Village of Ridgewood
Department of Health
131 N Maple Ave
Ridgewood, NJ 07450
(P) 201-670-5500 x241 (F) 201-670-5556

Participant:

Attached you will find your application for a One Day Special Event License. Please return the form 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.

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

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

-Zachary Ehrlich
Registered Environmental Health Specialist
Email: zehrich@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): <input type="checkbox"/> For Profit <input type="checkbox"/> Charitable – Not for Profit	Date(s) of Event:
On-Site Employee Name:	Event Location:
On-Site Employee Mobile Phone Number:	Facility Type (Check One): <input type="checkbox"/> Booth <input type="checkbox"/> Food Truck – Plate # _____ <input type="checkbox"/> Food Cart <input type="checkbox"/> 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	
<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	<i>I acknowledge that all handwashing facilities must be stocked with soap, single-use paper towels, and warm water.</i> <input type="checkbox"/> Yes
<i>Food Storage or Display Equipment</i> Identify all holding equipment that will be used:	<i>Toilet Facilities for Food Employees:</i> Provided by: <input type="checkbox"/> Event Coordinator <input type="checkbox"/> Food Vendor Location:
<i>Cooking Equipment</i> Identify all cooking equipment that will be used:	<i>Food Transportation</i> Identify how food will be transported to the event:
<i>Refuse Removal</i> Identify responsible party for waste removal:	<i>Food Employees</i> List all employees who will be on-site:
<i>Where is the food purchased?</i> <i>I acknowledge to save receipts. <input type="checkbox"/> Yes</i>	<i>If all foods are not packaged, I acknowledge that gloves or suitable utensils must be used and bare-hand contact is prohibited. <input type="checkbox"/> Yes</i>
<i>Sanitizer to be used:</i> <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia	<i>A stem thermometer will be on-site for cooking? <input type="checkbox"/> Yes</i> <i>Thermometers will be in all cooling units? <input type="checkbox"/> Yes</i>

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: