

**WARREN COUNTY HEALTH DEPARTMENT**

700 Oxford Ave.  
Oxford, NJ 07863  
Telephone: 908-475-7960  
Fax: 908-475-7964

CLAUDE W. MITCHELL, MPH  
Health Officer

DOROTHY HARTH, RN, BSN  
Division Head



**FARMERS' MARKET PERMIT APPLICATION**

Directions:

The operator of each individual vending site must complete this application. The application must be completed and submitted to the WCHD no later than 2 weeks before the event.

Application Submission Date: \_\_\_\_\_

Name of Temporary Food Establishment: \_\_\_\_\_

Name of Operator/Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Event: Hackettstown Downtown Farmer's Market

Location of Event: \_\_\_\_\_

Municipality: Hackettstown

Date(s) and Time(s) of Event: Mondays starting June 6 through Oct 31, 2011 from 2P - 7 PM

Date and Time TFE will be set up and ready to operate:

Monday June 6, 2011 1:45 PM

List **all** food and beverage items to be sold. Attach a separate sheet if necessary. (Note: any changes to the menu must be submitted to and approved by WCHD at least 7 days prior to the event.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Food and beverage items may not be prepared on site. The operator must provide the name and location of the permanent food establishment at which the foods are prepared. If the establishment is not in Warren County, a copy of the current license for the permanent food establishment must be submitted.

Name \_\_\_\_\_ Location \_\_\_\_\_

Describe (be specific) how frozen, cold, and hot foods will be transported to the TFE:

\_\_\_\_\_  
\_\_\_\_\_

How will food temperatures be monitored during the event? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Identify the sources for each meat, poultry, seafood, and shellfish item. Include source of ice:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

---

**Warren County Health Department Use Only**

APPROVED – Permit Restrictions: \_\_\_\_\_

DISAPPROVED – Reasons(s) for Disapproval: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

(Name and Title)

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*This permit application provided by the Warren County Health Department is specifically for the 2010 Hackettstown Downtown Farmers Market and may not be used as a permit application for any other event or food establishment.