

# LONG BRANCH SPECIAL EVENT APPLICATION



Date Application received: \_\_\_\_\_

Application fee paid: \_\_\_\_\_

Usage Fee Paid amount: \_\_\_\_\_

Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Date: \_\_\_\_\_

## SPECIAL EVENT SUMMARY

**Application fee \$50.00; \$100 for events at Great Lawn.**

Fill out the application and attach the required supplemental documentation. Add more Lines/pages if necessary. Applications shall be received by the City of Long Branch Special Events Coordinator sixty (60) days prior to your event. \$10.00 late fee per day will be assessed in addition to the application fee for those applications submitted within sixty days of your event. Application fees and late fees are non-refundable. For any reason that you need to cancel or reschedule the date of your event, you must do so in writing no less than 48 hours in advance of setup time for your event. Violation of any terms of this agreement may be grounds for **immediate termination** of your event and will preclude your event from being held within the City of Long Branch for any future events.

**Certificate of Insurance naming the City as an additional insured on a Primary and Non-Contributory Basis in the amount of \$1,000,000.00 is required upon approval of the application and must be submitted at the time funds are made payable.**

**EVENT TITLE** \_\_\_\_\_

**EVENT DATE:** \_\_\_\_\_ **# OF PARTICPANTS:** \_\_\_\_\_

**EVENT TIME: DAY 1:** \_\_\_\_\_ **DAY 2:** \_\_\_\_\_

**Set-up time:** \_\_\_\_\_ **Break-down time:** \_\_\_\_\_ **Set-up time:** \_\_\_\_\_ **Break-down time:** \_\_\_\_\_

**\*Set-up cannot be before 7 AM; Break-down needs to be done by 9 PM**

## EVENT STAFF CONTACT INFORMATION

**Y N**

Document attached authorizing the Applicant/Agent of the Applicant to sign application

**APPLICANT NAME** \_\_\_\_\_

*(The Applicant is the party or entity legally responsible for the event)*

Mailing address \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail and website addresses \_\_\_\_\_

Entities without an IRS 501(c)(3) valid tax exemption status are considered to be commercial in nature.

**CO-APPLICANT NAME** \_\_\_\_\_

*(The Co-Applicant is the party providing insurance for the event if by an entity other than the Applicant.)*

Mailing address \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail and website addresses \_\_\_\_\_

**Y N**

Will any part of the event be held in a City park? **(CIRCLE ONE)**

Branchport Park	Broadway Park	<b>GREAT LAWN</b>	Jerry Morgan Park	Lake Takanassee-Main
Manahassett Park	Martin L. King Park	Naylor Park	Pier Village Boardwalk Gazebo	Pinksy Park
Pleasure Bay Park	Slocum Park	Troutman's Greenway Park	Truax St. Park	West End Park

**Y N**

Will any part of the event be held in a City Public Space? **(CIRCLE ONE)**

Band shell at Broadway Park	Band shell West End Park	<b>GREAT LAWN STAGE</b>
Promenade	Senior Center	

Will any part of the event be held in a city parking lot? \_\_\_\_\_

Will any part of the event be held on a city beach? \_\_\_\_\_

Letters of consent attached from property owners for use of private properties not owned by the Applicant \_\_\_\_\_

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**LOCATION(S)** Indicate involved location(s) including all addresses to include street numbers:

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**AFFECTED PARTY MEETING- to be determined during application review by committee**

Y N

Affected Party meeting required? Copy of meeting notice attached. **Date notice is to be sent**

List of recipients and their addresses attached. *The City will post on a public web site a calendar of special events*

**Addresses for involved private property locations to include street numbers:**

Y N

Is this your first time organizing such an event? If no, what other events have you organized and been responsible for? \_\_\_\_\_

Have you held this event or a similar event in past years?

If yes, when and where: \_\_\_\_\_

**How does this event benefit the City of Long Branch? (explain)**

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**FEES**

**RESIDENT USER FEES- Great Lawn Area-\$750.00 Gold Season /Silver Season \$500 / \$375 Standard Season**

**NON-RESIDENT USER FEES- Great Lawn Area-\$1500.00 Gold Season /Silver Season \$1000 / \$750 Standard Season**

**Gold Season- June 1<sup>st</sup> thru Labor Day; Silver Season- April 1<sup>st</sup>- May 31<sup>st</sup>, Standard Season- Day after Labor Day thru March 30**

*If the event is under 4 hours, the fee is half the stated full fee. Other locations resident user fee is \$100/non-resident \$150.00*

Y N

Are patron admission, entry, or participant fees required?: Fee amount \_\_\_\_\_

**DATES(S) AND TIMES** Add more lines/page if necessary. If in a public park or space, set up time will not begin before 7AM and dismantle and cleanup will be finished for the day by 9PM

**CATEGORY (CIRCLE ALL THAT APPLY)**

**\*NOTE: All road races scheduled May 1<sup>st</sup>-September 30<sup>th</sup> that utilize city streets MUST BE OFF city streets by 10:30 AM. Please initial here: \_\_\_\_\_**

Run	Marathon/Half-marathon	Expo	Street Fair
Walk	Triathlon	Festival/Celebration	Cold Water Plunge
Cycling	Fundraiser	Fireworks/pyrotechnics	Other: _____
5K	Concert	Parade	

**ACTIVITIES (CIRCLE ALL THAT APPLY)**

Do your event plans include any of the following activities:

Bingo Games      Casino Games      Drawing  
Live Music      Lottery      Patron Dancing

**AMPLIFIED SOUND OR MUSIC**

**No amplified sound before 8:00AM. No amplified sound after 9PM. Please initial here: \_\_\_\_\_**

**Speakers MUST be pointed away from residential housing; in the Great Lawn area, speakers must be pointed towards the ocean.**

Y N

Are there any musical entertainment features related to your event? If yes, complete the following information:

Name of band(s): \_\_\_\_\_

Number of stages: \_\_\_\_\_

List of all bands/performers, their schedule, and locations attached.

**Type of Music:**

Instrumental  Hard rock  Jazz  Folk  Popular  National  Other

Y N

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Will sound checks be conducted prior to the event? If yes, indicate start and finish time: \_\_\_\_\_

Will sound amplification be used? If yes, indicate start and finish time: \_\_\_\_\_

Do you plan to have a patron dance component to either live or recorded music at your event and will there be a designated dance floor or area? If yes, describe and indicate on site plan: \_\_\_\_\_

## DESCRIPTION OF EVENT

Describe the nature of the event in detail for advertising purposes: \_\_\_\_\_

Expected number of spectators per day: \_\_\_\_\_

Expected number of participants per day: \_\_\_\_\_

Y N

Copies attached of pamphlets, schedule of events or activities, flyers, promotional materials, event advertising, maps, etc., which are provided to the public or participants.

## VIP ATTENDANCE

Y N

Do you expect any celebrities or highly public individuals to attend or participate in your event?

If yes, list individuals by name and classification. Examples include: entertainer, political figure, business person, religious person, civil rights, foreign dignitary, etc. \_\_\_\_\_

## DATE(S)/TIMES/LOCATION(S)

Indicate the dates, times, and locations the **Applicant or On-site contact** will be staffing the event:

Date(s) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ hours

Location(s) \_\_\_\_\_

## ON-SITE CONTACT NAME ON DAY OF EVENT/TITLE

Organization \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail and website addresses \_\_\_\_\_

## PROFESSIONAL EVENT ORGANIZER NAME/TITLE

Organization \_\_\_\_\_

Mailing address \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail and website addresses \_\_\_\_\_

## STAFF MEMBER TO WORK WITH THE SPECIAL EVENTS COORDINATOR

(if other than the Applicant or Agent)

Organization \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail and website addresses \_\_\_\_\_

Y N

Will event staff be recognizable in uniforms on the day of the event?

Describe uniforms: \_\_\_\_\_

Will event staff be in contact with city staff via  cell phone or  two-way radios?

Event staff roster attached to include: names, titles, shifts, phone numbers, locations, duties.

Location of event staff accepting lost property and persons: \_\_\_\_\_

Missing child policy attached.

Volunteer check-in location: \_\_\_\_\_

## INSURANCE REQUIREMENTS AND VERIFICATION OF COMPLIANCE

Y N

Copy of general Certificate of Insurance for Applicant attached. **Cert. Of Insurance, \$1 Million, see first page.**

Copy(ies) of certificate(s) of insurance for special aspect(s) attached.(alcohol/inflatables/fireworks/pyrotechnics/climbing wall/security/traffic control)

Is insurance for the event provided from any entity other than the Applicant?

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If so, Co-Applicant's contact information is required on Page 2 and signature on Page 9.

## ATHLETIC PARTICIPANTS

Y N

Copy of blank waiver and release of liability form(s) for athletic participants attached.

(Release of the City of Long Branch from liability must be included on the form)

## SITE PLAN

Y N

Site plan attached. *City can provide a map of the Great Lawn area with electric and water access*

Detailed narrative and time-line attached including description of activities during the event.

Will inflatable's be provided?

## POLICE

### TRAFFIC CONTROL PLAN (TCP)

### ROAD CLOSURE SIGN NOTIFICATIONS

Y N

Copy of TCP attached.

Road closure summary attached.

After plan review, if roads need to be closed and/or signage needs to be put out, the Long Branch Police Department Traffic Division will be responsible for this implementation.

## ROUTE MAP

Y N

Route map attached. *See Long Branch PD Special Events Coordinator for route selection.*

*The City has predetermined several run routes, which you may select for the run length you require*

## SECURITY PLAN

Y N

Will you require Long Branch Police Officers to be present for security and/or traffic control?

*Administrative Staff from the Police Department will review your application to determine the number of officers required. An estimate will be provided to you for review and acceptance. Payment will be required in advance and placed in an escrow account. Unused funds will be returned.*

Will you be hiring a licensed professional security company to develop and manage your event's security plan?

*Plans developed by a security company must be reviewed by the Police Department to meet city, state and Homeland Security policy.*

Will the security company be monitoring the entire venue or just the alcohol service area?

## SECURITY PROVIDER

Contact name \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail address \_\_\_\_\_

Copy of certificate of insurance for special aspect attached.

## DATE(S)/TIMES/LOCATION(S)

Indicate the dates, times, and locations security will be at the event.

Date(s) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ hours

Location(s) \_\_\_\_\_

## SAFETY EQUIPMENT- Barricades, Message Boards

## EQUIPMENT PROVIDER

Contact Name \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail and website addresses \_\_\_\_\_

## DATES(S) AND TIMES

Equipment set-up Date \_\_\_\_\_ Time \_\_\_\_\_

Equipment pick-up Date \_\_\_\_\_ Time \_\_\_\_\_

## PARKING MANAGEMENT PLAN (PMP) / PARKING WAIVERS / SHUTTLE SERVICE

Y N

Parking management plan attached.

Is off-site parking requested for any sites other than within the venue?

If yes, list address(es) \_\_\_\_\_

Are you requesting any parking waivers?

If yes, when and where? \_\_\_\_\_

Y N

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Have you provided adequate parking for the disabled?

If yes, where?

Public parking will be available at what address(es) to include street numbers?

Parking for event staff and volunteers will be available at what address(es) to include street numbers?

## SHUTTLE SERVICE

Y N

Will event be providing shuttle services from off-venue parking areas?

If yes, what address(es) to include street numbers?

Shuttle plan attached. (Details of shuttle service, a map of the routes, site plan of the off-site public parking)

## SHUTTLE PROVIDER

Contact name

Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail and website addresses

## DATES(S) AND TIMES

Indicate the dates, times, and locations the shuttle will be in operation.

Date(s) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ hours

Location(s) \_\_\_\_\_

## CITY SERVICE/STAFFING AND BILLING

Y N

Are city employees(other than police) required to staff for your event? **If before 0800 hours or after 1700 hours on weekdays and any time on weekends, there is an extra staffing fee per hour per staff required for all usages other than during regular operation hours.**

Y N

Will electricity we required for the event? **Use site map for locations at Great Lawn**

Gazebo Pier Village-Box- Band Shell at West End Park-Box- Band Shell at Broadway Park-Box-

Great Lawn Stage- Stage  Seating Area- Trestle Area at Rear-

Great Lawn Park-North East/West Corners Pole 104  Pole 105 ; South East/West Corners Pole 106  Pole 107

## PUBLIC WORKS

### Clean Up

Y N

Have you assigned a clean-up crew with the appropriate number of staff to promptly and adequately clean-up after the event? **How many staff members are assigned to the clean-up crew?** \_\_\_\_\_

Contracted street sweeper vehicle will clean the streets and/or parking lots after the event?

**A refundable sanitation bond of \$1000 will be charged to reserve the referenced area. Bond shall be forfeited to the City if the reserving party fails to clean the permitted area and deposit trash/recycling in receptacles. The applicant is responsible for all clean up including removal of all decorations or items brought in for the event. Based on the number of attendees there may be a need for additional trash/recycling receptacles and/or dumpsters to be placed on site. There will be a charge of \$10 for this per receptacle and \$175 for dumpster. Trash and Recycling containers estimates: under 500 people-5 each; 1000 people-10 each; 2500-15 each; 5000-30**

## PORTABLE RESTROOMS

Y N

Do you plan to provide portable restroom facilities? If yes, secondary containment trays are required.

If no, explain: \_\_\_\_\_

Number of portable restrooms \_\_\_\_\_ Number of hand washing stations \_\_\_\_\_

Number of ADA accessible portable restrooms \_\_\_\_\_

All portable restroom and hand washing stations are indicated on the site plan.

**Estimate for minimum number of units per people: 500 people or less-4; 1000 people-8; 2500 people-15**

## RESTROOM PROVIDER

Contact name \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail address \_\_\_\_\_

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## DATE(S)/TIMES FOR PORTABLE RESTROOM DELIVERY AND PICK-UP

Restroom set-up: Date \_\_\_\_\_ Time \_\_\_\_\_  
Restroom pick-up: Date \_\_\_\_\_ Time \_\_\_\_\_

## FIRE AND HEALTH INSPECTIONS AND PERMITS

Y N

Have you provided 20 foot emergency access lane throughout the event?  
  Does your event have any tents, canopies, or umbrellas? **Tents exceeding 30 feet in any dimension or 900 sq.ft. require a permit from Fire Marshal. No Stakes in the ground permitted** **Describe:**  
  Does your event include fireworks, rockets, lasers or other pyrotechnics?

**Type (i.e. aerial/theatrical):** \_\_\_\_\_

Will food be provided **Please contact Health Department for guidance 732-571-5665; Food/Drink Permit is \$50.00**

### Describe Food Activities:

Does your event include any open flame cooking? **Use of open flame for cooking requires a permit from the Fire Marshal and inspection by the Health Department**  
  List of food services and/or tent vendors attached- name, address & phone number  
  Copy of Fire Marshal application attached.

## FIREWORKS/PYROTECHNICS PROVIDER

Contact Name \_\_\_\_\_  
Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail and website addresses \_\_\_\_\_

## DATE(S)/TIMES/LOCATION(S)

Indicate the dates, times, and locations the fireworks/pyrotechnics provider will be at the event.

Date(s) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ hours

Location(s) \_\_\_\_\_

Setup Date \_\_\_\_\_ Time \_\_\_\_\_

Take Down Date \_\_\_\_\_ Time \_\_\_\_\_

## MEDICAL PLAN- for events over 2000 attending

### MEDICAL SERVICE PROVIDER

Contact name \_\_\_\_\_  
Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail address \_\_\_\_\_

## DATE(S)/TIMES/LOCATION(S)

Indicate the dates, times, and locations medical staff will be at the event.

Date(s) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ hours

Location(s) \_\_\_\_\_

### MEDICAL SHUTTLE PICK-UP PROVIDER

Contact name \_\_\_\_\_  
Telephone (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail address \_\_\_\_\_

Y N

Roster of medical staff attached to include: names, titles, qualifications, cell numbers.  
  Will first aid/CPR certified Event staff be on-site? **Location:** \_\_\_\_\_  
  Will there be a doctor on-site directing medical care?  
  Will there be a supervisor for the medical personnel? **Name:** \_\_\_\_\_  
  Will medical personnel be stationed in a designated first aid area? **Location:** \_\_\_\_\_  
  Will medical personnel be mobile (i.e., foot or bicycle) with first response equipment throughout the venue? **Describe:** \_\_\_\_\_

Will medical personnel be wearing distinctive, recognizable clothing? **Describe:** \_\_\_\_\_

What times will medical personnel be on-duty? **Indicate:** \_\_\_\_\_

Will a shuttle be provided for non-medical pick-ups?

Indicate staging location, company name, contact person, cell phone number: \_\_\_\_\_

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Indicate first aid station locations along the route and how they will be clearly identified:

Will there be an Automatic External Defibrillator (AED) on-site(s)? **Location**  
  Will a Basic Life Support (BLS) ambulance be on-site? **Location(s)**  
  Will an Advanced Life Support (ALS) ambulance be on-site? **Location(s)**  
  Will a Long Branch Fire Department engine be needed on-site?

Indicate: engine location \_\_\_\_\_

Please note that if you need to reschedule your event for whatever reason, you must fill out a new application. Rain Dates can not be given as other events may be schedule on that date.

***The placing of lawn signs on private and public property or signs on street poles to advertize an event is prohibited; Ord. 284.***

The application fee and any late fee are due upon submission of the application. It will be reviewed and if approved a detailed cost statement will be provided. You will have 14 business days to provide the funds required for deposit into a special escrow account. If the funds are not provide in the aforementioned days, you will lose your date for the event and have to resubmit the application. **Certificate of Insurance naming the City as an additional insured in the amount of \$1,000,000.00 is required upon approval of the application and must be submitted at the time funds are made payable.**

On Behalf of the applicant, I have reviewed the route and/or premises that are being rented and/or utilized and that route and/or premises appears to have no apparent hazards which would endanger the participants or prohibit the activities on the City property being utilized. On behalf of the applicant, I have also advised that I will execute an Indemnification and Hold Harmless Agreement by all applicants and participants who participate in the Special Event that the organization has requested to hold.

Signature of Applicant or Co-applicant \_\_\_\_\_

## SPECIAL ASPECT OF EVENT RELEASE FROM LIABILITY AND INDEMNIFICATION

*(Read before signing)*

**Y** **N**

Is there a special aspect involved in the event? **(alcohol/inflatables/fireworks/pyrotechnics/climbing wall/security/traffic control)** If yes, please have the entity providing the special aspect fill out this section. If no, proceed to the **AFFIDAVIT OF APPLICANT**. **Additional insurance required.**

I, the undersigned, agree to and represent that I have the actual and legal authority to waive and release the City of Long Branch, its elected officials, officers, agents, employees and volunteers (collectively "Released Parties") from and against any and all claims, costs, liabilities, expenses or judgments including attorney's fees and court costs arising out of the special activity, service or particular aspect, to wit: that I am providing to this special event or any illness or injury resulting therefrom, and hereby agree to indemnify and hold harmless the Released Parties from and against any and all such claims related to the special activity, service or particular aspect provided to this special event, whether caused by negligence or otherwise, except for illness and injury resulting directly from the gross negligence or willful misconduct on the part of the Released Parties. Furthermore, I agree to comply with City of Long Branch Special Event regulations, including the provision of insurance in compliance with those regulations and the resulting issuance of a special event permit.

**I UNDERSTAND AND AGREE THAT BY SIGNING THIS WAIVER I AM RELEASING THE CITY OF LONG BRANCH, ITS ELECTED OFFICIALS, EMPLOYEES, VOLUNTEERS, OFFICERS AND AGENTS FROM ANY LIABILITY RESULTING FROM THIS SPECIAL ACTIVITY, SERVICE OR PARTICULAR ASPECT OF THE SPECIAL EVENT. I UNDERSTAND THAT NO CITY EMPLOYEE, VOLUNTEER, OR AGENT IS AUTHORIZED TO MODIFY THIS WAIVER AND RELEASE. I CERTIFY THAT I HAVE PERSONNALLY READ AND UNDERSTOOD THIS WAIVER AND RELEASE.**

# LONG BRANCH SPECIAL EVENT APPLICATION

## ENTITY PROVIDING SPECIAL ASPECT FOR CORPORATIONS

*Print entity name*

*Print name/title of person legally authorized to sign on behalf of entity*

*Signature of authorized person (notarized signature required of corporations)*

*Date*

## FOR NON-CORPORATION

*Print entity name*

*Print name/title of person legally authorized to sign on behalf of entity*

*Signature of authorized person Date*

## AFFIDAVIT OF APPLICANT *(Read before signing)*

I certify the information contained in the foregoing application is true and correct to the best of my knowledge and belief; that I have been given a copy, read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the City of Long Branch Municipal Code; and that I understand this application is made subject to the rules and regulations established by the City Council and/or the City Business Administrator or his designee. I agree to comply with all other requirements of the City, County, State, Federal Government, and any other applicable entity which may pertain to the use of the Event venue and the conduct of the Event.

## RELEASE FROM LIABILITY AND INDEMNIFICATION

I agree to waive and release the City of Long Branch, its elected officials, officers, agents, and employees and volunteers (collectively "Released Parties") from and against any and all claims, costs, liabilities, expenses or judgments including attorney's fees and court costs arising out of the activities of this special event or any illness or injury resulting there from, and hereby agree to indemnify and hold harmless the Released Parties from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from the gross negligence or willful misconduct on the part of the Released Parties.

**I UNDERSTAND AND AGREE THAT BY SIGNING THIS WAIVER I AM RELEASING THE CITY OF LONG BRANCH, ITS ELECTED OFFICIALS, EMPLOYEES, VOLUNTEERS, OFFICERS AND AGENTS FROM ANY LIABILITY RESULTING FROM THIS SPECIAL EVENT OR ACTIVITY. I UNDERSTAND THAT NO CITY EMPLOYEE, VOLUNTEER, OR AGENT IS AUTHORIZED TO MODIFY THIS WAIVER AND RELEASE. I CERTIFY THAT I HAVE PERSONNALLY READ AND UNDERSTOOD THIS WAIVER AND RELEASE.**

## APPLICANT SIGNATURES FOR CORPORATIONS

*Print Applicant Name*

*Print name/title of person legally authorized to sign on behalf of Applicant*

*Signature of authorized person (notarized signature required of corporations)*

*Date*

## FOR NON-CORPORATION

*Print Applicant Name*

*Print name/title of person legally authorized to sign on behalf of Applicant*

*Signature of authorized person*

*Date*

## CO-APPLICANT SIGNATURES

**Y N**

Is insurance for the event provided from any entity other than the Applicant?

If yes, please have the Co-Applicant fill out this section.

# LONG BRANCH SPECIAL EVENT APPLICATION

## FOR CORPORATIONS

*Print Applicant Name*

*Print name/title of person legally authorized to sign on behalf of Applicant*

*Signature of authorized person (notarized signature required of corporations) Date*

## FOR NON-CORPORATION

*Print Applicant Name*

*Print name/title of person legally authorized to sign on behalf of Applicant*

*Signature of authorized person* *Date*

## SUBMISSION OF COMPLETED APPLICATION

The Applicant must complete, sign, date, and add supplemental documentation to this application before submitting an original copy to: **City of Long Branch**

**Attn: Danna Kawut, Program/Special Events  
344 Broadway  
Long Branch, NJ 07740**

# LONG BRANCH SPECIAL EVENT APPLICATION



CITY OF LONG BRANCH, MUNICIPAL BUILDING, 344 BROADWAY, LONG BRANCH, N.J. 07740 (732) 222-7000

## City of Long Branch Department of Health

### Special Event Permit Application-Temporary Food Establishment

A Temporary Food Establishment as defined in N.J.A.C. 8:24, Sanitation in Retail Food Establishments and Food and Beverage Vending Machines, is a food establishment that operates for a period of no more than 14 consecutive days in conjunction with a single event or celebration.

To apply for a temporary food establishment permit:

1. COMPLETE AND SUBMIT AN APPLICATION FORM (PAGES 2 & 3) AND REQUIRED FEES FOR EACH EVENT AND FOR EACH BOOTH AT EACH EVENT AT LEAST 10 BUSINESS DAY PRIOR TO THE EVENT. A CHARGE OF \$50.00 FOR ONE LOCATION FOR NOT MORE THAN 14 CONSECUTIVE DAYS AND ONE EVENT. AN INCOMPLETE APPLICATION WILL BE RETURNED. A RAIN DATE OR "NOT APPLICABLE" MUST BE ENTERED. PLEASE MAKE PAYMENTS TO: CITY OF LONG BRANCH DEPARTMENT OF HEALTH-344 BROADWAY, LONG BRANCH, NJ 07740.
2. It is the responsibility of the vendor to keep the payment receipt and to provide a copy of the receipt as proof of payment at time of inspection.
3. Provide a copy of your current Health Department license in which the town your establishment operates for review.
4. If you have successfully completed a basic food handler and sanitation course, please include a copy of your Completion Certificate with your application.

- In this application packet you will find information on Hand Washing Facilities, Kitchenware Washing Procedures, and a self-inspection form. The City of Long Branch Department of Health require that proper facilities be available for hand washing, kitchenware washing, over-head protection, ground covering, and proper storage of hot and cold foods. Additional information on preparing and serving food safely will be provided upon request. Applicants are encouraged to take a food safety course.
- A digital thermometer and sanitizer test strips are required.
- Use the self-inspection form, page 6, to ensure that you are prepared and have met the requirements of the Regulations.
- Please KEEP pages 4 through 6 for your use and RETURN pages 2 and 3 (the application) to The City of Long Branch Department of Health for processing.

An Environmental Health Specialist will call you after your completed application is reviewed to discuss your operation, obtain additional information if needed and answer any questions you may have. If you have any questions, please contact us at (732) 571-5665. We look forward to working with you.

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## Application for Temporary Food Establishment

- Please print legibly or type
- Application fee must be submitted at least 10 business days prior to the event.
- Failure to provide the necessary information regarding your operation will delay the processing of your application.
- For staffing purposes, a "rain date" or "not applicable" must be included.

### EVENT - GENERAL INFORMATION

Event Name and Sponsoring Organization: \_\_\_\_\_

Event Coordinator and Phone Number: \_\_\_\_\_

Event Location Address and Phone Number: \_\_\_\_\_

Date(s) of operation: \_\_\_\_\_

Time: From \_\_\_\_\_ to \_\_\_\_\_

Rain date(s): \_\_\_\_\_

Time: From \_\_\_\_\_ to \_\_\_\_\_

### APPLICANT INFORMATION

Organization or Individual Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Organization Representative Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Individual Responsible for Food Preparation Onsite: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

### TEMPORARY FOOD ESTABLISHMENT INFORMATION

Time when operation will be ready for inspection: \_\_\_\_\_

Type of food facility (building on site, open air, mobile unit, food trailer, tent/canopy, etc.): \_\_\_\_\_

Please indicate the source of the following to be provided for operation of the food facility:

Portable water source: \_\_\_\_\_  
(private well, public, bottled water, holding tank, etc.)

Garbage disposal: \_\_\_\_\_  
(on-site, off-site, by vendor, by event sponsor, etc.)

Sewage Disposal: \_\_\_\_\_  
(Onsite septic system, public system, etc.)

Liquid Waste Disposal: \_\_\_\_\_  
(dump station on-site or off-site, public, septic system, etc.)

Have you completed a basic food handler and sanitation program?

Yes      No

If Yes, year completed: \_\_\_\_\_ (Please include a copy of your certificate with this application)

# LONG BRANCH SPECIAL EVENT APPLICATION

## FOOD ITEMS AND EQUIPMENT

Food/Beverage Items	Source (where purchased)	Where prepared (i.e., on site at event, at a permitted facility, etc.)	Methods of preparation and serving

*(Please attach another sheet with the same information, if more spaces are needed.)*

Condiments and Serving Methods (individual or bulk containers)	Utensils (serving, cooking, eating,)	Cooking Equipment*	Type of refrigeration (coolers, refrigerator, truck)
			Type of sanitizer/test strips

*\*All cooking or reheating equipment must be able to rapidly heat foods to 165°F or above. CROCK POTS ARE NOT  
ACCEPTABLE FOR THE COOKING OR REHEATING OF FOODS.*

*\*Are accurately calibrated metal stem food thermometers provided to monitor food temperatures? \_\_\_\_\_*

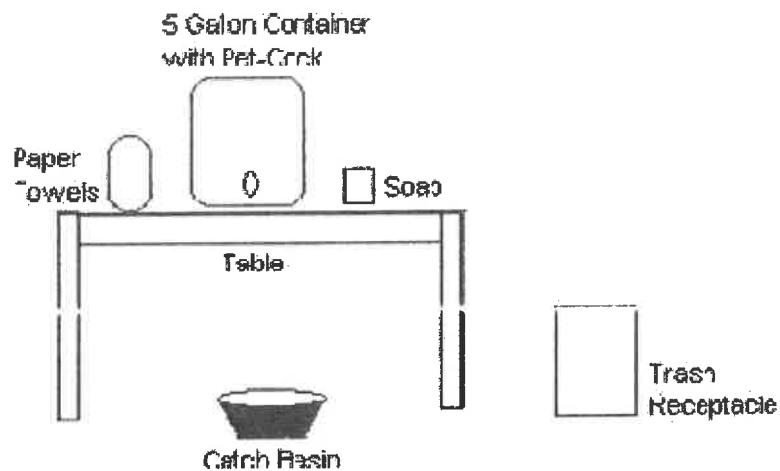
*\*What method will be used to prevent bare hand contact with ready-to-eat foods? \_\_\_\_\_*

I have read the attached instructions, understand them and will comply with their requirements. I understand that failure to comply may result in the denial of my application for a permit and license by the Health Department.

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

# LONG BRANCH SPECIAL EVENT APPLICATION

## HAND WASHING FACILITY SET-UP



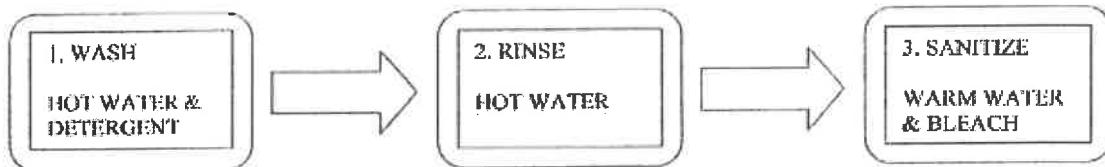
The most common cause of contamination during food preparation and serving is unclean hands. For this reason, hand washing facilities are a must. Facilities must be designed to provide unaided, easy hand washing under a continuous flow of running water. Water spigots of the push-button type will not be allowed.

## THE HOW-TO'S OF HANDWASHING

1. Wet hands.
2. Apply soap.
3. Briskly rub hands for at least ten (10) seconds.
4. Scrub fingertips and between fingers.
5. Scrub forearm to just below elbow.
6. Rinse forearms and hands.
7. Dry hands and forearms with a disposable paper towel.
8. Turn off water with paper towel.
9. Discard paper towel.

# LONG BRANCH SPECIAL EVENT APPLICATION

## KITCHENWARE WASHING PROCEDURE



After washing, rinsing, and sanitizing, items may be air dried or wiped dry with disposable towels and should then be stored in a clean place.

Provide appropriate sanitizer test strips and use them to monitor the concentration of the sanitizing solution. (If using bleach, maintain the chlorine concentration between 50 and 100 parts per million; this is approximately 1 T. bleach per 1 gallon water.)

*Unscented* chlorine bleach may be used to sanitize kitchenware. Other acceptable sanitizers include quaternary ammonia and iodine.

All waste water must be disposed of properly, to either a sanitary sewer or a drainfield.

# LONG BRANCH SPECIAL EVENT APPLICATION

## SELF INSPECTION FORM

ITEM	AREA OF CONCERN
1	Review proper food handling practices and employee hygiene requirements
2	Food Source: approved, in sound condition, no spoilage
3	Potentially hazardous foods kept at proper temperature during transportation, storage, preparation, cooking, display, and service
4	Food protected from contamination: wrapped, sneeze guards/shields, 6"+ off the ground. Food protected from insects, rodents, birds, and animals.
5	Facilities provided to maintain product temperatures (refrigerator, freezer, drained coolers w/ ice, etc.) Cold: 41 F or below. Hot: 135 F or above.
6	Thermometers provided: dial probe or digital thermometer for taking product temps, indicating thermometers for refrigeration units
7	Ice storage adequate, 6"+ off the ground, self-draining with catch basin, scoop stored in ice with the handle extended
8	Good employee hygiene; proper hand washing; proper use of gloves; no illness; etc.
9	Proper hair restraints; clean clothing; no artificial nails; no jewelry
10	Equipment cleaned thoroughly prior to the event, kept clean, stored properly
11	Proper facilities to wash, rinse, and sanitize equipment and utensils MUST HAVE HOT WATER. Wash basins should be large enough to accommodate the biggest item to be washed.
12	Sanitizer with appropriate test strips, i.e. chlorine bleach and chlorine test strips.
13	Single service items stored and dispensed in plastic sleeve, utensils dispensed with handles up
14	Water source approved; Hot and cold water provided; food grade hoses used
15	Approved and adequate disposal of sewage and all waste water
16	Hand washing facilities: hot water, soap, paper towels, catch basin, wastebasket.
17	Adequate collection and disposal of grease and garbage.
18	Overhead protection (tent, pavilion, etc.); Lighting adequately shielded. Check with fire marshal regarding fire retardant material and use of gas, propane, etc.
19	Public access to cook area, storage area, and service area completely restricted.
20	Wiping cloths: clean, stored in sanitizing solution, use restricted to employees only. Alternative to wiping cloths: paper towels and a spray bottle of sanitizing solution.
21	Toxic items labeled and stored separately from food and single service items. No pesticides stored or used on site.

# INSTRUCTIONS FOR APPLICATION COMPLETION

## Mobile Retail Food Establishments

January 2013

If you serve food to the public, you are required by state law to have an approval from the local health department prior to operating. It does not matter if the food is sold or given away, you **must** have an approval.

A **Mobile food establishment** is any movable restaurant, truck, van, trailer, cart, bicycle, watercraft, or other movable unit including hand carried, portable containers in or on which food or beverage is transported, stored, or prepared for retail sale or given away at temporary locations. A **temporary food establishment** operates for no more than 14 consecutive days in conjunction with a single event or celebration. A **seasonal food establishment** operates during specific months of the year, usually weather related, as designated by the operator on the application. An **annual food establishment** operates on a routine schedule year round. Fees for food application and inspection are dependent upon what county your business is located. Contact your local health department for more information.

### PAGE 1, PART 1: TO BE COMPLETED BY FOOD VENDOR

#### Mobile Vendor Business Information

**Trading Name:** Write the trade name that identifies the mobile facility.

**Owner/Corporation Information:** Provide *Name, Street location, Mailing Address, Home/Cell/Fax Numbers, Email* for the responsible individual of the mobile retail food business. Indicate the **Contact person**, the person who is most knowledgeable about food operations, their **Phone/Cell Numbers and Email**.

#### Type of Mobile Unit

Provide this basic information about the general type of mobile unit you have such as a vehicle, cart, tabletop/tent, etc

**Sanitation/Personal Hygiene & Other Equipment:** Using the chart, check ALL the equipment necessary to prevent food contamination that is part of your mobile unit for **sanitation, personal hygiene and other equipment**. You may write in items that are utilized but not listed in these sections. Ensure that you have all the necessary equipment to store clean water, dispose of wastewater, provide running water, properly clean hands and surfaces often, prohibit staff from touching foods with their bare hands that don't require additional cooking (Ready-to-Eat food), protect foods in storage, separate raw meats and eggs while being stored and thermometers to monitor temperatures of food and units.

#### Mobile Food Unit Operation Schedule

List ALL physical *vending locations/event information and the months/days/times* you intend to serve food. Provide *Names of Events, Days/Times* operating at event & *Event Contact Person Name/Phone#/Email*. You must ensure that the application is as complete as possible. The more information you supply on the application, the better. However, if you want to add a location, event or make any other changes to your initial application, contact the local health department in the area of the vending location to obtain and complete an amendment form for the changes or added information.

Any changes in your operation must be reported to the health department immediately. Also remember that each municipality within each county has separate and unique requirements; vending permits may also be required.

### PAGE 2, PART 1: TO BE COMPLETED BY FOOD VENDOR

#### Description of Food Operation (Including MENU-FOOD SOURCE-EQUIPMENT-PREPARATION-HANDLING-STORAGE):

List ALL food & drink that you plan to serve. If you need additional forms, make copies or contact the health department for additional forms. Once the food items are listed, fill-in ALL boxes across the grid row for that food item such as listed raw animal or plant ingredients, where the item was purchased and prepared, how the item is cooked, cooled, held hot, reheated and/or held cold. Include an English translation when necessary; please notify the local health department if you need help with translations. \*FOOD CANNOT BE PREPARED FROM HOME!!!! It is important to have receipts onsite for all food items that you buy. Also, monitor food temperatures and storage units at all times using thermometers!!!! Ensure that you cook potentially hazardous food (containing raw animal or plant ingredients) to proper temperature (PHF is food that requires temperature control because it can grow bacteria, toxin and other microorganisms (germs) that cause illness), maintain foods at refrigerated temperatures of 41F or below or keep foods hot at 135F or above and separate raw meats and eggs from while being stored so you don't cross contamination.

### PAGE 3, PART 2: TO BE COMPLETED BY SERVICING AREA OWNER/MANAGER

In order to obtain a mobile food approval, the mobile facility must operate from an approved fixed food establishment referred to as a *servicing area*. Mobile facilities must have an agreement with approved servicing area with a current health department approval. A home kitchen is NOT an approved servicing area.

**Servicing area business information:** Provide the *Trade Name* that identifies the servicing area, the *Sale Tax ID#* (see bottom of pg for more information on sales tax), *Owner/Corporate Name and Physical Address and Fax#*. Provide the last inspection date conducted by the local health department. A copy of the most current inspection report is required if the servicing area is NOT inspected by the local health department where mobile application is being made.

**I provide what foods for the mobile unit:** Check all boxes that pertain to the foods your *business provides to the vendor*.

**I provide what services for the mobile unit:** Include all the ways and in what capacity your facility accommodates the mobile vendor's operation by checking all boxes that apply. Is the mobile vendor preparing food at your facility? Storing food (dry goods, grocery, cold foods in refrigerator)? Storing utensils & equipment? Returning to your facility to use the 3 compartment sink for wash/rinse/sanitizing food contact surfaces of equipment and utensils? Disposing of trash, wastewater or grease? Park their mobile unit at your facility? Plug their mobile unit into electric at your facility?

**What days and times does the mobile vendor report to my facility:** You have indicated in the last 2 sections how the mobile vendor will be utilizing your facility. In this section, you must indicate the days and times of the week when the vendor has access to your facility. In making these arrangements, consider when the mobile vendor can come into your facility without interrupting your retail food operations for your business. Consider the vendors food & equipment storage needs, food prep time, and cleaning/sanitizing needs both during and at the end of their proposed workday.

**Certification/signature:** Read this section carefully and sign that you understand your role in the mobile food operations and have provided correct information. The agreement between the mobile vendor & servicing area is part of the application approval and grants approval for specific days, times & location of food operations at the servicing area and vending locations. Both parties have the obligation to notify the health department when servicing area, vending locations, set-up, menu, staff or any other changes are made from the approved application.

**PAGE 4, TOP SECTION: REQUIRED ATTACHMENTS (BOTTOM SECTION: HEALTH DEPT/OFFICIAL USE ONLY)**

**NJ Certificate of Authority (Sales Tax Registration)** NJ law requires anyone including all vendors, even seasonal businesses and "one-time" vendors, who makes retail sales and therefore conducts business in NJ to register with the State for tax purposes at least 15 business days before starting business and to collect NJ sales tax on all sales of taxable tangible personal property or services. There are no special provisions for temporary vendors. Once registered, you must file all required returns until you properly end your tax registration with NJ. To obtain a NJ Sales Tax ID#, you can register online or file a paper application. File Form NJ-REG (Business Registration Application) to register with the State and to obtain a NJ Tax ID #. For additional information on registering your business contact the NJ Dept of Taxation at 609-292-6400, email [nj.taxation@treas.state.nj.us](mailto:nj.taxation@treas.state.nj.us) or visit [www.state.nj.us/treasury/revenue/gettingregistered.shtml](http://www.state.nj.us/treasury/revenue/gettingregistered.shtml)  
Publications: <http://www.state.nj.us/treasury/taxation/pbilsut.shtml>

**Driver's License and Vehicle Registration:** Copies required for ALL operators of the mobile unit, regardless of what type of unit. This information is required in compliance with NJ Division of Motor Vehicle (NJDMV). The Vehicle Identification Number (VIN) that is inscribed on the vehicle must match the number located on the vehicle registration card.

**Floor Plan:** Sketch/layout/photo diagram of your operation. Draw/print/photo of the arrangement of all equipment & food preparation areas. Include restroom.

**Water Testing Records:** NJ state certified laboratory results for water utilized for food operations.

**Food Protection Managers Certification:** If you are classified as a Risk Type 3 food facility, one that prepares and serves Potentially Hazardous Foods (raw animal/plant products), serves a susceptible population or has a large menu which requires the complex preparation including cooking, cooling & reheating of 3 or more potentially hazardous foods, you must have at least one person in charge (PIC) of the facility operations to be certified as a Food Manager (CFM).

**Employee Health & Hygiene Written Policy:** Provide a copy of instructions prepared for employees for: proper hand washing procedures; duty reassignments or work restrictions of sick employee; designated smoking areas, prohibitions and/or procedures for returning from a smoke breaks; required work attire including things such as clean clothing or uniforms, aprons, hair nets, hats, etc and other applicable prohibitions or restrictions for things including jewelry, artificial nails, and nail polish.

**Servicing Area's Last Inspection Report:** Provide a copy of the last inspection report for the servicing area. This must be the full report, not just the placard. If the servicing area is inspected by the same health department to which you are submitting the mobile food establishment application, no report is necessary.



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Date Received: \_\_\_\_\_

Application must be submitted at least 14 days prior to proposed operation.

**MOBILE RETAIL FOOD ESTABLISHMENT APPLICATION**

SEASONAL  ANNUAL  TEMPORARY

**PART 1 TO BE COMPLETED BY FOOD VENDOR**

**MOBILE VENDOR BUSINESS INFORMATION**

Trading Name of Mobile Vendor: _____		
Owner/Corporation: _____		
Street Address: _____		
City: _____	State: _____	Zip: _____
Mailing Address. (if different)		
Home Phone#: _____	Cell#: _____	Fax#: _____
Email: _____		
Contact Person: _____	Phone#: _____	Cell#: _____

**TYPE OF MOBILE UNIT (CHECK ALL THAT APPLY)**

Push Cart  Tabletop/Tent  Food Preparation Vehicle  Trailer  Refrigerated Vehicle  Other:

<b>Sanitation/Personal Hygiene</b>	<b>Other Equipment</b>
<input type="checkbox"/> Hot/cold Running Water	<input type="checkbox"/> Trash Container
<input type="checkbox"/> Freshwater Container _____ gals	<input type="checkbox"/> Sneeze Guards
<input type="checkbox"/> Wastewater Container _____ gals	<input type="checkbox"/> Extra Utensils
<input type="checkbox"/> Hand Sink w Warm Running Water	<input type="checkbox"/> Covered Containers
<input type="checkbox"/> Insulated Container w Free Flow Spout	<input type="checkbox"/> Foil, Plastic Wrap
<input type="checkbox"/> 3 Compartment Sink w hot/cold running water	<input type="checkbox"/> Thermometers
<input type="checkbox"/> Buckets/Spray Bottles w/Sanitizer	<input type="checkbox"/> Sanitizer/test kit
<input type="checkbox"/> Gloves <input type="checkbox"/> Paper Towels <input type="checkbox"/> Soap	<input type="checkbox"/> _____

**MOBILE FOOD UNIT OPERATION SCHEDULE (CHECK/LIST ALL THAT APPLY)**

Where will you serve food: \_\_\_\_\_

Months:  Events Only (see below)  Every Month of Yr  Selected Months (circle): J-F-M-A-M-J-J-A-S-O-N-D

Days:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Times of Operation: M \_\_\_\_\_ Tu \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sa \_\_\_\_\_ Su \_\_\_\_\_

**If Temporary/Special Event(s):**

Name of Event(s): \_\_\_\_\_

Days & Times at the Event: \_\_\_\_\_

Event Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone#: \_\_\_\_\_



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**DESCRIPTION of FOOD OPERATIONS:MENU ITEMS-SOURCE-PREP-HANDLING-STORAGE-EQUIPMT  
NO HOME PREPARED FOODS ALLOWED EXCEPT FOR BAKED GOODS PREPARED FOR CHARITABLE  
ORGANIZATIONS ONLY (WITH PLACARD); RECEIPTS MUST BE KEPT ONSITE FOR ALL FOOD ITEMS.**

List EVERY Food & Drink & how many servings of each item	IF this item is PREPARED using RAW ANIMAL or PLANT products, list those ingredients	Where did you buy this item? List STORE,PHONE # & ADDRESS	Prepared at Vending site (V) or Servicing Area (SA)?	Cooked at Vending site (V) or Servicing Area (SA)?	How do you COOK this food item? List EQUIPMENT USED & POWER SOURCE	How do you quickly cool the food item? List COOLING EQUIPMENT USED & POWER SOURCE	How do you keep the food item hot? List HOT HOLDING EQUIPMENT USED & POWER SOURCE (No Sternos)	If reheating item for hot holding, List REHEATING EQUIPMENT USED & POWER SOURCE	How do you keep the food item cold? List COLD HOLDING EQUIPMENT USED & POWER SOURCE
Example: Chicken Tenders, 5 0	Raw Chicken	XYZ Butcher Shop, 451-0000 # Landis Ave XYZ City, NJ	SA	SA	Oven, Natural Gas	Walk-in Refrigerator, Electric	N/A	N/A	Refrigerator or, Electric



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MOBILE UNIT NAME \_\_\_\_\_ DATE: \_\_\_\_\_

**PART 2 TO BE COMPLETED BY SERVICING AREA OWNER/MANAGER**

**SERVICING AREA BUSINESS INFORMATION**

Trading Name of Servicing Area _____	Sales Tax ID# _____
Owner/Corporate Name _____	
Address: _____	
Last Inspection Date _____	Fax # _____

**I PROVIDE THE FOLLOWING FOODS FOR THIS MOBILE UNIT (CHECK ALL THAT APPLY):**

<input type="checkbox"/> Packaged Foods	<input type="checkbox"/> Water Supply	<input type="checkbox"/> Prepared Hot Foods	<input type="checkbox"/> Raw Fruits and vegetables
<input type="checkbox"/> Beverages	<input type="checkbox"/> Ice for consumption	<input type="checkbox"/> Prepared Cold Foods	<input type="checkbox"/> Raw Meats and/or Seafood
<input type="checkbox"/> Other _____			

**I PROVIDE THE FOLLOWING SERVICES FOR THIS MOBILE UNIT (CHECK ALL THAT APPLY):**

<input type="checkbox"/> Space for the mobile vendor/operator to prepare food at my servicing location
<input type="checkbox"/> Space for the mobile vendor/operator to store the mobile unit at my servicing location
<input type="checkbox"/> Utility service (i.e. electric hook-up) for mobile unit while in storage at servicing area
<input type="checkbox"/> Refrigerated storage of perishable foods (raw fruits & vegetables, etc.)
<input type="checkbox"/> Refrigerated storage of potentially hazardous food (raw or cooked meat, shellfish, dairy, cooked vegetables, raw seeds or sprouts, cut melons, non-acidified garlic and oil mixtures, etc)
<input type="checkbox"/> Storage of non-hazardous foods, utensils & equipment
<input type="checkbox"/> 3 compartment sink for wash, rinse and sanitizing of food contact surfaces
<input type="checkbox"/> Trash and garbage disposal
<input type="checkbox"/> Waste water disposal
<input type="checkbox"/> Grease/oil disposal

**THE MOBILE OPERATOR REPORTS TO MY FACILITY (CHECK ALL THAT APPLY):**

<input type="checkbox"/> Beginning of the day	<input type="checkbox"/> End of the day	<input type="checkbox"/> Other _____				
Time _____	Time _____	Time _____				
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday

I hereby certify that I am familiar with the State law (N.J.A.C. 8:24) requiring that all mobile retail food establishments operate from an approved base location (otherwise known as a "servicing area") and that all mobile units/vehicles return daily to such location for vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food.

AND

I hereby certify that the above listed information is correct. I also understand that the home preparation and storage of food, or the cleaning of equipment or utensils used in this mobile operation is prohibited as per N.J.A.C. 8:24-3.1 and 8:24-3.2 and is subject to penalties, fines and possible license forfeiture. If any changes in my operation occur, I agree to notify the Health Department immediately.

Servicing Area Owner/Operator (print) _____	Date _____
Servicing Area Owner/Operator (signature) _____	

Mobile Owner/Operator (print) _____	Date _____
Mobile Owner/Operator (signature) _____	



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MOBILE UNIT NAME \_\_\_\_\_ DATE: \_\_\_\_\_  
ATTACHMENT CHECKLIST (SUBMIT ALL WITH APPLICATION)

- Copy of **New Jersey Certificate of Authority** for mobile vendor/company (sales tax document)
- Copy of **Driver's License** (for all mobiles regardless of type of unit)
- Copy of **Vehicle Registration** (for all mobiles regardless of type of unit)
- Floor Plan:** sketch/layout/photo diagram of operation showing all equipment, workspaces, restroom
- Water Testing Records** (private wells only)
- Copy of **Food Protection Managers Certification**, if required
- Employee Health & Hygiene Written Policy**-include instructions for hand washing, sick employee restriction, smoking, work attire, jewelry & artificial nail and nail polish
- Copy of **Servicing Area's Last Inspection Report** if NOT inspected by the THIS Health Dept.

**BELOW SECTION IS FOR OFFICIAL USE ONLY:**

APPROVED: DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
Classified Risk Type:  Risk 1  Risk 2  Risk 3  Risk 4 (operations at servicing area only)  
Approval Restrictions:  
\_\_\_\_\_  
\_\_\_\_\_

Inspector: \_\_\_\_\_ Approval Effective Date: \_\_\_\_\_

DISAPPROVED: DATE: \_\_\_\_\_  
Classified Risk Type:  Risk 1  Risk 2  Risk 3  Risk 4 (operations at servicing area only)  
Reasons for disapproval:  
\_\_\_\_\_  
\_\_\_\_\_

Inspector: \_\_\_\_\_

**Mobile Retail Food:** Any moveable unit in or on which food or beverage is stored, prepared or transported for retail sale or given away at temporary locations. Self contained mobile unit inspections are conducted at your servicing area and at the vending location. Application approvals [excluding temporary establishments (see below)] expire December 31st each year. A new application must be submitted and approved annually at least 14 days prior to operation.

**Temporary Event Retail Food Establishment:** A mobile retail food establishment that operates for a period of no more than 14 consecutive days in conjunction with a single event or celebration. This application must be submitted and approved at least 14 days prior to the event. An on-site inspection at the event is preformed one hour prior to the start of the event. Approvals expire in 14 days or at the end of the event. Application amendments may be submitted for future events within the same calendar year.

\*Special Event Permit ..... \$50.00

Mobile License ..... \$100.00

Mobile Food License ..... \$50.00

Mobile Employee ..... \$25.00 \* required for all applications