



Township of Branchburg

1077 US HIGHWAY 202 NORTH, BRANCHBURG, NJ 08876-3936

TELEPHONE: (908) 526-1300 x183 FAX: (908) 526-7027

www.branchburg.nj.us

OFFICE OF THE HEALTH OFFICER

**SALES APPLICATION
BRANCHBURG FARMERS' MARKET
RIVER LEA FARM
2088 SOUTH BRANCH ROAD**

Name of Organization, Business or Individual: _____

Name of Applicant: _____

Address: _____

Business Phone: _____ Email Address: _____

Home #: _____ Cell Phone #: _____ Fax #: _____

Name of on site Manager : _____

Applicant's Signature: _____

Types of product to be sold _____

Crafter/one day vendor date of sales _____

**June 27 through September 19 2015
Operating Hours are from 9am to 2pm.**

- Vendors must set up before 9am.
- Vendors are responsible for removing all waste from the premises when they leave.
- All persons desiring to sell items at the Market must submit a completed Farmers' Market Application and agree to abide by these rules.
- Only items that are certified organic may be sold as such. Certification is the responsibility of the vendor.
- All processed foods shall comply with the requirements set forth by the federal, state and local laws, regulations and rules.
- Items may be sold by the pound, bunch, piece, or measured container.
- Scales utilized at the farmers' market must be inspected and sealed annually by the Department of Weights and Measures.
- Vendors must provide proof of liability insurance naming the Township of Branchburg as an additional insured. A copy shall be included with the Application.
- Fee Per Season: \$350 per 14 x 14 plot, Extra space \$150 over the 14 x 14 plot.
- Daily plot \$35 for artist and crafters.
- The Township will provide a 14 x 14 plot, electricity, port-a-johns and hand sanitizer stations.
- Nonrefundable \$50 deposit due from season vendors by February 20, 2015. Deposit will be put towards application fee

Mail Deposit and Completed Application by February 20st to:

Township of Branchburg, Health Department, 1077 US Highway 202 North, Branchburg, NJ 08876

Phone: 908-526-1300 x183 // Fax: 908-526-7027 // Email: cinthia.weaver@branchburg.nj.us

Make Checks Payable to: Branchburg Township

For Office Use Only

Date Received: _____ Cash Check # _____ Certificate of Insurance: Yes No

Received by: _____ Health Inspection received: Yes No Date: _____



SECTION I: NON—FOOD ITEMS

SECTION II: FOOD/DRINK ITEMS: Please complete the rest of the application as applicable

List **ALL** items to be served/sold and check appropriate answer for each food/drink item:

	How Served?	Made to Order?	Food Prep.? on-site or off site	Describe Cooking Method
	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On <input type="checkbox"/> Off	
	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On <input type="checkbox"/> Off	
	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On <input type="checkbox"/> Off	
Eggs, Describe method to keep cold:				
List Produce to be sold:				
List: Jams, Jellies, Condiments:				

Add additional pages if necessary

On-Site Information

Hot Holding Device: No Yes, Type (steam table, stove, etc.) Describe: _____

Fire Department approval for compressed gas usage: No Yes, _____

Describe hot/cold temperature control during food transportation: _____

Please list the applicable license number and most recent sanitary inspection rating:

Out of town food vendors MUST list the towns in which they are licensed:

Describe wastewater disposal: _____

Describe method of garbage storage and disposal: _____



Off-Site Facilities

Advance Preparation Facility:

Name: _____

Address: _____

Specific dates of use: _____ Hours: _____

Signature of person granting permission: _____

Contact number of person granting permission (required): _____

Food Storage Facility:

Name: _____

Address: _____

Specific dates of use: _____ Hours: _____

Signature of person granting permission: _____

Contact number of person granting permission (required): _____

Utensil Maintenance and Cleaning Facility:

Name: _____

Address: _____

Specific dates of use: _____ Hours: _____

Contact number of person granting permission (required): _____

Signature of person granting permission: _____

A copy of your most recent health inspection report from your local health department IS REQUIRED.

The Branchburg Health Department has the legal authority to inspect any and all booths and concessions selling food at any indoor or outdoor function held within the municipality of "The Township of Branchburg".

Attached to this application you will find a list of the procedures that **MUST** be followed regarding the setup and proper operation of **ALL** food booths and concession stands.



RULES AND REGULATIONS FOR TEMPORARY FOOD SALES

1. The preparation of potentially hazardous foods **SHALL NOT BE PERMITTED**, except that this prohibition shall not apply to:
 - a. Hamburgers, frankfurters and other foods which, prior to service, requires only limited preparation, such as seasoning and cooking; **Or**
 - b. Potentially hazardous food which is obtained in individual servings and is stored in approved facilities which maintain food at safe temperatures (below 45 degrees Fahrenheit or above 140 degrees Fahrenheit) and is served directly in the original individual container in which it was packaged at a food processing establishment.
2. Food handling at the site **MUST** be limited to cooking and final assembly.
3. Home preparation of food is **NOT PERMITTED**, except that baked goods sold by benevolent organizations for fund raising events may be used.
4. Wash **ALL** produce **BEFORE** bringing it to the site.
5. **ALL** food **MUST** be purchased from a licensed retail or wholesale food outlet.
6. Foods **MUST** be properly packaged and protected from spoilage and adulteration.
7. Foods **MUST** be stored off the ground.
8. Thermometers **MUST** be provided to indicate stored food temperatures. Proper temperatures **MUST** be maintained and recorded when food is in transport.
9. Food contact surfaces **MUST** be:
 - * Smooth and easily cleanable.
 - * Maintained in a clean and sanitary fashion.
 - * Protected from contamination where necessary, effective shielding **MUST** be provided, (i.e. sneeze guards, etc.)
10. Single service utensils **MUST** be used. Utensils **MUST** be stored in a clean, dry place and handled in a manner that prevents contamination. The handles **MUST** face up out of the container.
11. Tongs, forks, spatulas, scoops and other utensils shall be provided and used by workers to reduce hand contact with foods.
12. Water **MUST** be from an approved source. All ice **MUST** be made from approved water and protected from contamination. Ice **MUST** be dispensed with a scoop and the scoop **MUST** be stored in a clean container.
13. If packaged or bottled food or beverage is placed in wet storage, iced water with a concentration of 50 parts per million (50 PPM) available chlorine **MUST** be used to kill bacteria. (A capful of liquid bleach per gallon of water will make an acceptable sanitizing solution.)



14. The following general sanitary regulations **MUST** be complied with including but not limited to:
- * Personnel must be healthy and free of communicable disease
 - * Proper hygienic practices must be followed
 - * Clean outer garments must be worn
 - * Hands must be washed frequently and thoroughly
 - * No smoking by food handlers
 - * Hair restraints are required by all food handlers
15. An adequate number of hand washing and toilet facilities **MUST** be provided and **MUST** be easily accessible.
- a. Hand washing facilities **MUST** include:
- i. Hot and cold running water, soap, wash basin and paper towels **or**
 - ii. One bucket large enough to immerse hands, with soap.
Bucket **MUST** be labeled "hand wash".
COMMON TOWELS ARE NOT PERMITTED.
- b. Toilet facilities **MUST** include:
- i. Screened windows and self-closing doors to exclude flies and other insects.
 - ii. They must be maintained in a clean and sanitary condition.
 - iii. Wastes must be disposed of properly to prevent the occurrence of unsanitary conditions.
16. An adequate method of cleaning and sanitizing equipment and utensils **MUST** be provided. One 5-gallon bucket labeled for **WASHING WITH SOAP** is required, one labeled bucket is required for **CLEAN WATER RINSE** and one labeled bucket is required for **SANITIZING** with a minimum of 200-PPM available chlorine solution.
17. **ALL** garbage **MUST** be properly contained in easily accessible plastic or metal containers with tight fitting lids. **ALL** containers **MUST** also be provided with heavy-duty plastic liners. Garbage is to be disposed of on a daily basis. Garbage shall not be allowed to overflow from receptacles.
18. The premises **MUST** be maintained free of litter for the duration of the event. Workers are to periodically collect loss, blowing litter.
19. Mobile food units shall operate from a commissary or other fixed wholesale or retail food establishment and shall report at least daily to such location for all food supplies and for all cleaning and servicing operations.
20. **ANY** other requirement deemed necessary by the Branchburg Health Department to protect the public health in view of the particular nature of the food service operation **SHALL BE MET**.
21. A health department representative will review the information provided and contact the responsible party if there is a need for additional data. It is the responsibility of the organization(s) holding the event to ensure that **ALL** concessions meet the requirements set forth above. If you have any questions, please contact the Health Department at (908) 526-1300 Ext. 183, Monday through Friday, between the hours of 8:00 am - 4:30 pm.