

Township of West Milford



Department of Health
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FARM MARKET & COMMUNITY FARMERS' MARKET RETAIL FOOD ESTABLISHMENT APPLICATION

For the period June 1, 20__ to October 31, 20__

Location: West Milford Presbyterian Church 1452 Union Valley Road
Wednesdays 3 p.m. to 7 p.m.

Trade Name: _____

Establishment Address: _____

Owner Name: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email address: _____

Proof of commercial license required for all items unless noted otherwise.

***Proof of potable water supply for production required**

SALE ITEM:

_____ Baked Goods

_____ Jarred non-potentially hazardous foods (Jams, Jellies)

_____ Canned/jarred Low Acid or Acidified foods for Room Temperature Storage

_____ Canned/jarred High Acid or Acidified Foods Refrigerated Storage

(i.e. Pickled, Peppers, Salsa)

_____ Cheese

_____ Eggs

_____ Poultry (Fresh/Frozen)

_____ Meats (Fresh/Frozen)

_____ Cider

_____ Other _____

_____ Whole, uncut fresh fruit & vegetables **NO LICENSURE REQUIREMENTS**

_____ Honey & Maple Syrup **NO LICENSURE REQUIREMENTS**

Per N.J.A.C. 8:24 -1.5

“Potentially hazardous food” means a food that is natural or synthetic and that requires temperature control because it is in a form capable of supporting:

- 1. The rapid and progressive growth of infectious or toxigenic microorganisms;*
- 2. The growth and toxin production of Clostridium botulinum; or*
- 3. In raw shell eggs, the growth of Salmonella enteritidis.*

“Potentially hazardous food” includes an animal food (a food of animal origin) that is raw or heat-treated; a food of plant origin that is heat-treated or consists of raw seed sprouts; cut melons; and garlic and oil mixtures that are not acidified or otherwise modified at a food processing plant in a way that results in mixtures that do not support growth as specified under the first paragraph of this definition.

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Drawing of Temporary Food Establishment

In the following space, provide a drawing of the Temporary Food Establishment. Identify and describe all equipment including cooking and cold holding equipment, handwashing facilities, work tables, dishwashing facilities, food and single service storage, garbage containers, and customer service areas.

Application Fee: \$40.00

Make checks payable to: West Milford Township

Trade Name _____

Signature _____ Date _____

For Health Department use only

Vendor Approved ___ Date _____ License No. _____

Vendor Denied ___ Reason _____

Administrative Authority Name _____

Signature _____ Date _____