FRANKFORD TOWNSHIP BOARD OF HEALTH
151 US HIGHWAY 206 *AUGUSTA, NEW JERSEY 07822
PH: 973-948-5566 – FAX: 973-948-0943

APPLICATION TO OPERATE A TEMPORARY RETAIL FOOD ESTABLISHMENT

DATE: _____APPLICANT NAME:_____

MAILING ADDRESS: _____

CITY _____STATE_____ ZIP_____

PHONE:_____ CELL:_____ FAX:_____

*****EMAIL ADDRESS*** (We must have)_____**

TRADE NAME:_____

For Vendors Only

Please list the name and dates of all events in *Frankford Township* that you will be operating at during the Calendar Year. If you currently have a 2026 Annual Permit please enter the permit #_____ .

**** NO GIFTING OR SALES OF CANNABIS PERMITTED IN FRANKFORD TOWNSHIP**-Ordinance #: 2023-006****

_____

_____

Foods to Be Sold:_____

_____

Name of current Employee or Member with Food Certification & Date Issued (Must be attached to complete this Application. No Application will be accepted without this Certificate attached.

_____

The undersigned has read and understands the provisions of the Township Ordinances regulating food handlers and retail food handling establishments and understands the requirements of these ordinances must be met.
Applicant's Signature:_____

PERMIT FEE MUST ACCOMPANY THIS APPLICATION:

(Please make checks payable to Frankford Township Board of Health):

Total floor area greater than 300 square ft ..... $ 250.00 for the calendar year
Total floor less than 300 square ft ..... $ 150.00 for the calendar year
Temporary food permit: ..... $ 50.00 for a one-day event
Additional vendor location at same site: ..... $ 50.00 for the calendar year
Non-profit vendor: ..... $ 25.00 for the calendar year

*****A $50.00 LATE FEE WILL BE APPLIED TO ALL APPLICATIONS SUBMITTED WITHIN 10 DAYS OF THE EVENT*****

******All Applications and Permit Fees must be mailed directly to the Township of Frankford******
******NO PERMITS WILL BE ISSUED WITHOUT A VALID CERTIFICATION.******

Any questions regarding this application can be directed to the Secretary of the Board of Health at 973-948-5566

********** **All Temporary Food Vendors and Event Coordinators must also apply to the "Sussex County Division of Health" located at 201 Wheatsworth Road, Hamburg, NJ 07419 for approval to operate**

Phone: 973-579-0370 Website: www.sussex.nj.us E-mail address: schealth@sussex.nj.us

Temporary Food Vendor applications and instructions are available on the website and must be completed and submitted for review. Fees also apply and are made payable to the "County of Sussex". Fee schedule is on the food vendor application and instruction document. Temporary Event coordinators must complete the coordinator application and the vendor list.

NO FOOD VENDOR IS APPROVED TO OPERATE UNTIL BOTH FRANKFORD TOWNSHIP AND SUSSEX