



TOWNSHIP OF MOUNT OLIVE

HEALTH DEPARTMENT

COMMISSARY AGREEMENT

A commissary is an approved location, usually a food establishment, where food is stored, prepared, portioned, or packaged for service elsewhere. A commissary may also be used to service and store food vehicles or carts. Once our office approves of this commissary agreement, you may not use a different facility for food preparation and storage without the written approval of Mount Olive Township Health Department.

Persons wishing to operate within the Township of Mount Olive must submit this form for review (check one):

- ☐ A mobile unit or push cart; or
- ☐ A temporary food establishment requiring off-site or advanced food preparation; or
- ☐ A temporary food establishment lasting two days or more; or
- ☐ A farmer's market food vendor or processor stand; or
- ☐ A catering business

The owner or person in charge of the approved food establishment or commissary must complete the following information:

Commissary Owner Information	Commissary Owner Information
Facility Name:	Facility Name:
Contact Name:	Contact Name:
Address:	Address:
City ,State, Zip:	City ,State, Zip:
Phone Number:	Phone Number:
Email Address:	Email Address:

Round trip mileage from commissary kitchen to service location and back: _____ Miles.

Afterhours accessibility – key provided to commissary user? ☐ Yes ☐ No

Commissary tasks (mark all that apply):

- ☐ Cooking foods ☐ Potable water re-supply ☐ Hot Holding foods ☐ Wastewater disposal
- ☐ Raw Meat/Seafood Prep ☐ Cleaning of utensils ☐ Vegetable / Ready to Eat Food Prep
- ☐ Restroom Available ☐ Other Food preparation (trimming, assembly, re-portioning)
- ☐ Dry Goods Food storage (i.e. shelving for dry goods)
- ☐ Refrigerated Food storage (i.e. walk-in cooler, sandwich prep cooler)
- ☐ Cooling of hot foods (If yes, which method: ☐ shallow pan or ☐ ice bath)
- ☐ Other:

I grant permission for _____ to use my facility for the tasks indicated above. This agreement is voided immediately if the commissary owner or user sells or closes his/her business.

Commissary operator signature _____

Date _____

Commissary user signature _____

Date _____

Please attach the most recent sanitary inspection report for commissary being utilized. Incomplete Commissary Agreements will not be approved.

Mailing Address:
PO Box 450
Budd Lake, NJ 07828
Phone: (973) 691-0900
Fax: 973-691-7681

Physical Address:
204 Flanders-Drakestown Rd.
Budd Lake, NJ 07828



TOWNSHIP OF MOUNT OLIVE

HEALTH DEPARTMENT

MOUNT OLIVE TOWNSHIP HEALTH DEPARTMENT TEMPORARY FOOD HANDLING LICENSE APPLICATION

EVENT NAME: _____ DATE: _____

Time of Event: _____

Location of Event: _____

Vendor Info:

Company Name: _____

Contact Person: _____

Address: _____

Phone #: _____

Alt. Phone #: _____

Type of Unit: Tent___ Cart___ Tables___ Other (please specify) _____

Water Source: On Site___ Bottled___

Please specify location obtained from: _____

Ice Obtained from: _____

Power Source: _____

-----Please list all equipment including fryers, grills, etc.:

Product Selling:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Date and Place Food Purchased:

How is product being stored before and during event?

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Where is product being stored? _____

Hand washing Facilities (water, wipes, sanitizer, etc) Please specify: _____

How are utensils and equipment being cleaned and sanitized: _____

Toilet Facilities:

Portable Toilets _____ On-site Facility _____ Other _____

Quantity _____ Handicapped Accessible _____

Serviced by: _____

Trash receptacles – quantity/frequency of pick-up: _____

****Please note that all water holding tanks **MUST** be empty upon arrival at site-tanks may be filled at an approved location within Mount Olive Township.*

*****A COPY OF CERTIFICATE OF INSURANCE FROM VENDOR MUST BE SUBMITTED WITH APPLICATION. IF THE EVENT OCCURS ON TOWNSHIP PROPERTY, MT. OLIVE TWP. MUST BE NAMED AS ADDITIONAL INSURED*****

Contacted fire marshal _____

All vendors must be individually listed.

***All forms must be submitted a minimum of two weeks prior to the event.**

Date form Completed _____

FEES: Temporary

Complimentary

\$50.00 per unit (for events lasting one to four days)

\$1.00 (one to four days) event for non-profit organizations

Please complete and return this form to:
Mt. Olive Health Dept., Frank Wilpert
P.O. Box 450 Budd Lake, NJ 07828

Questions? 973-691-0900 x 7330

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