Hispanic Heritage Night

Food Vendor Application $250.00

Saturday, September 19, 2026 3:00pm – 9:00pm

Application due by September 1, 2026

Vendor Name: _____

Contact: _____

Address: _____

Email: _____ Phone #: _____

All food vendors are required to file for a Fire Permit ($54.00) *make check payable to Sayreville Fire Prevention* and Health Permit ($25.00) *make check payable to Health Department*. (Forms must be returned with payment to the Health and Fire Prevention Offices located at 49 Dolan Street).

Description of Services/Food: _____

Signed: _____ Date: _____

Make Check Payable to Sayreville Recreation Department

Check List:

__ Signed Food App

__ Check for $250.00

__ Proof of Insurance

SAYREVILLE BOARD OF HEALTH
FOOD LICENSE APPLICATION
TEMPORARY FOOD ESTABLISHMENTS

Please fill out Section A through D completely.

A. STAND OWNER INFORMATION

NAME _____

HOME ADDRESS_____

HOME TELEPHONE_____

B. EVENT INFORMATION

NAME OF FOOD STAND _____

LOCATION OF EVENT _____

TYPE OF FOOD PRODUCTS SOLD _____

_____

_____

NUMBER OF EMPLOYEES_____

C. OWNER/OPERATOR OF EVENT INFORMATION

OWNER/OPERATOR OF EVENT_____

OWNER/OPERATOR ADDRESS _____

OWNER/OPERATOR TELEPHONE_____

D. FEES

Please list dates of event:

_____	1 to 3 day event	$25.00
_____	over 3 days	$5.00 each additional day

OFFICE USE ONLY:

RECEIVED:_____

AMOUNT PAID: _____

The Borough of Sayreville

BUREAU OF FIRE PREVENTION

167 MAIN STREET, SAYREVILLE, NEW JERSEY 08872

TEL. 732-390-7009 | FAX 732-390-7458

FOOD TRUCK / TEMPORARY FOOD PREPARATION ACTIVITIES PERMIT APPLICATION

Pursuant to the New Jersey Uniform Fire Code (N.J.A.C. 5:70-2.7(a)3xix), a permit shall be obtained from the Fire Official for any mobile or temporary food preparation activities, where open flame or flame-producing devices or appliances are used, or grease-laden vapors are produced. The applicant shall also comply with all requirements set forth in N.J.A.C. 5:70-3, Section 319.

Failure to complete this form in its entirety will result in the automatic rejection of this application.

Amount Due: $54.00 **Type 1 Permit**

PART A - FOOD TRUCK/VENDOR INFORMATION:

Applicant's Name:	
Business Name:	
Business Address:	
Business Phone:	Business Email:
Name of Food Truck/Vendor (if different than above):	
Type of Food Vendor: ☐ Food Truck (self-propelled) ☐ Trailer Drawn Kitchen ☐ Trailer Drawn Equipment (i.e. Smoker) ☐ Motorized Cart ☐ Push Cart ☐ Tent/Canopy ☐ Other: _____	
Truck Color/Markings	Vehicle License Plate

PART B - EVENT INFORMATION:

Event Date(s):	Event Time(s):
Event Location:	
Description of Event:	
Event Organizer/Contact Person Name:	Event Organizer/Contact Person Phone Number:
FOOD VENDOR *contact person who will be physically present for inspection / event (if different than applicant):* *Name:*	*Phone Number*
Approximate time food truck/vendor will be set up and ready for inspection:	

PART C – ADDITIONAL INFORMATION

1. Cooking and Hood Systems: Cooking equipment that produces grease laden vapors shall be provided with a kitchen exhaust hood for collecting and removing grease and smoke in accordance with N.J.A.C. 5-70-4.7(g), and also be protected by a listed and labeled automatic fire extinguishing system in accordance with N.J.A.C. 5:70-3, 904.12. **Copies of current test and service reports shall be made available upon request.**

Is this vehicle equipped with an exhaust hood: ☐ Yes ☐ No Date of last hood cleaning: _____

Types and number of appliances located under hood:

_____Stove _____Griddle/Plancha _____Oven _____Deep Fryers _____Other: _____

Suppression System Type: ☐ Wet Chemical ☐ Dry Chemical ☐ Other: _____

Date of last suppression system inspection (must be within last 6 mo.): _____

Vehicle has **BOTH** a Class K/Wet Chemical (silver) and an ABC Dry Chemical Fire Extinguisher (red) that has been inspected within the past 12 months: ☐ Yes ☐ No Date of last inspection: _____

2. Approved Gas: ALL gas cylinders, piping, valves, and fittings located outside the mobile food facility SHALL BE ADEQUATELY PROTECTED to prevent tampering, damage by vehicles, or other hazards. ALL interior appliances SHALL be of an APPROVED TYPE. Cooking equipment used outside of the mobile food facility SHALL be approved by the Fire Official. Appliances SHALL NOT BLOCK exiting from a food truck in case of any emergency.

Cooking Fuel Type (check all that apply):

☐ Propane/LPG ☐ Charcoal ☐ Electric ☐ CNG ☐ Other: _____

Number of Propane/LPG cylinders (to be used and spares): _____ Size of cylinder(s): _____ (MAX 200 LBS)

Location of Cylinders: ☐ Mounted Rear Outboard ☐ Internal ☐ Not Mounted ☐ Other: _____

3. Generators: Generators SHALL be placed in locations APPROVED by the Fire Official. Placement SHALL BE A MINIMUM OF 20 FEET FROM TENTS AND CANOPIES, inaccessible to the public and cordoned off with caution tape or similar. The exhaust of the generator SHALL face away from truck. Refueling of approved generators IS PROHIBITED during event hours or when public is in attendance, and gasoline canisters shall not be stored inside the truck or near sources of heat.

External generator(s) will be used to power the truck/vendor? ☐ Yes ☐ No Number of Generators: _____

MINIMUM 40B:C rated Fire Extinguisher SHALL BE provided for EACH generator.

4. Canopies/Tents – Canopies and tents shall be constructed of flame-retardant materials or be properly treated as per NFPA 701 and shall have the appropriate certificate tags. **Proper documentation shall also be provided by the vendor along with this application**. Cooking shall be prohibited under any **canopy** that does not bear these tags, and open flames, deep fryers, or cooking that produces grease laden vapors under any **tent** (more than 25% of sides covered by sidewalls or drops) is prohibited. Canopy and tents shall also be properly secured or anchored to ground.

Number of canopies/tents to be used: _____ Canopies/Tents have flame retardant tags: ☐ Yes ☐ No

I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner or duly authorized to act in the owner's behalf and as such hereby agree to comply with the applicable requirements of the fire code as well as any specific conditions imposed by the Fire Marshal.

SIGNED: _____

TITLE: _____ DATE: _____

FOR OFFICE USE ONLY

Fee Paid: $_____ Check/CC #_____ Exempt: **YES / NO**

Permit #: **1219**-_____-_____ ME Doc. #: _____ Issue Date: _____