

BOBBY BARR
Commissioner

KEVIN L. THOMAS
Health Officer
Public Health Coordinator

ALOYSIUS ONWUKA, M.D.
Medical Director

CAPE MAY COUNTY DEPARTMENT of HEALTH

4 Moore Road
Cape May Court House, N.J. 08210-1601
(609) 465-1209 after hours (609) 465-1190
Fax: (609) 465-6564



COTTAGE FOOD OPERATOR TEMPORARY EVENT FORM

Individuals that hold a current Cottage Food Operator Permit issued by the NJ Department of Health and plan to sell their products at temporary food events or farmers' markets in Cape May County shall submit this form, **along with a copy of their CFO permit**, before vending.

Business/Trade Name:			
Owner Name:			
Owner Address:			
Owner Phone:		Email:	
CFO Permit No:		Permit Expiration Date:	

List temporary events at which owner plans to vend:

Name of event: _____
Location of event: _____
Date & Time of event: _____
Name of event: _____
Location of event: _____
Date & Time of event: _____

CFO permit holder must initial each line below:

- _____ I understand that the NJ Cottage Food Operator's permit is for food that is prepared and finished in my home kitchen and that the CFO permit does not cover food prepared onsite at a temporary food event.
- _____ The sale of foods will be limited to the approved products listed on the CFO permit.
- _____ All food items will be prepackaged (including samples) and labeled in accordance with NJAC 8:24-11.4(c). No food prep or handling of unpackaged foods permitted at event.
- _____ A copy of cottage food permit shall be displayed as well as signage stating "This food is prepared pursuant to N.J.A.C. 8:24-11 in a home kitchen that has not been inspected by the Department of Health."

Cottage Food Operator's Name (print): _____ **Date:** _____

Cottage Food Operator's Signature: _____

OFFICE USE ONLY	Date Received: _____	Inspector Name: _____
------------------------	----------------------	-----------------------