

WARREN COUNTY HEALTH DEPARTMENT

700 Oxford Rd.
Oxford, NJ 07863
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WARREN COUNTY FARMERS FAIR RIB COOK-OFF APPLICATION

Individual or Team Name: _____

Team Captain: _____ Telephone Number: _____

Mailing Address: _____

Time you will be set up and ready for inspection: _____

Identify the source (name of store and address) of the ribs:

Describe (be specific) how ribs will be transported to the site:

What type of cooking equipment will be used?

How will food temperatures be monitored during the event?

How will food preparation surfaces be sanitized before use?

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Warren County Health Department may nullify final approval.

Signature _____ Date: _____

Approval of these plans and specifications by Warren County Health Department does **not** indicate compliance with any other code, law or regulation that may be required (i.e., federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment).

Warren County Health Department Use Only

APPROVED – Permit Restrictions: _____

Reviewed by: _____

Signature _____ Date _____