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| City of Vineland Health Department Environmental Division 640 E. Wood St., P.O. Box 1508 Vineland, NJ 08362-1508 Phone: 856-794-4000 4283 cfisher@vinelandcity.org | FOR OFFICE USE ONLY | |
| | Application sent date: / / | |
| | Application Rec'd date: / / | |
| <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> In-person | | |

APPLICATION: TEMPORARY EVENT/FARM MARKET COORDINATOR

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| Instructions: <ul style="list-style-type: none"> Complete all information requested on this Application form. Mail or fax at least 21 days prior to the start of your event. Recruit Your Food Vendors: Existing Retail Food Establishments in Vineland need to submit a Temporary Event Application to us no later than 5 days prior to your event. Sample FORMS and FEE SCHEDULES are attached Vendors with a current Mobile Food license need no additional application if they are vending the menu we approved for them. Temporary vendors using a servicing area not owned by them must submit the application at least 2 weeks prior to the event. Send/fax/email a list to us of all Food Vendors you have recruited no later than 21 days before your event. We will fax or email a list of all APPROVED or DISAPPROVED applications to you prior to the event. | The Day of the Event: <ul style="list-style-type: none"> Food Vendors must be set up to vend at least 1 hour before your event start time. Vendors without APPROVED temporary licenses or Valid MOBILE FOOD licenses will be required to leave. Food vendors who lack required equipment, who attempt to vend unsafe foods, who vend a menu they were not pre-approved for, or vend foods from an unapproved source will be required to leave. |
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EVENT INFORMATION

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|------------------|-----------------|---------------------------------|-------------------|---|
| Event Name | | Municipality Vineland | | <input type="checkbox"/> Annual Event <input type="checkbox"/> One Time Event <input type="checkbox"/> Seasonal Event |
| Event Start Date | Event End Date: | Rain Date: | Event Start Time: | Event End Time: |

Facilities that you will provide (check all that apply):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Overhead protection (umbrellas/tents/building) | <input type="checkbox"/> Potable Water | <input type="checkbox"/> Restrooms/Portable Toilets |
| <input type="checkbox"/> Refrigerated Truck/ or other refrigeration | <input type="checkbox"/> Trash/Garbage Disposal | <input type="checkbox"/> Waste Water Disposal | <input type="checkbox"/> Other: |

EVENT LOCATION

| | |
|----------------|------|
| Street Address | City |
|----------------|------|

EVENT COORDINATOR

| | | | |
|---|---|-------------------------------------|------------------------------|
| Name of Coordinator(s)/Contact Person and Title | Provide Phone Numbers: (check best contact methods) | | |
| | <input type="checkbox"/> work phone | <input type="checkbox"/> Cell phone | <input type="checkbox"/> Fax |
| Coordinator's Mailing address (Street, City, State, Zip) | Email Address: <input type="checkbox"/> | | |
| Organization of Entity Sponsoring this Event (i.e. Municipality, CC Parks etc.) | Mailing Address and Phone # (if different from above information) | | |
| Print Name of Person Completing this Form: | Signature of Applicant: | Date: | |

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| City of Vineland Health Department 640 E. Wood St., P.O. Box 1508 Vineland, NJ 08362-1508 Phone: 856-794-4000 ext. 4283 Fax: 856-405-4608 cfisher@vinelandcity.org | TEMPORARY EVENT/FARM MARKET FOOD VENDOR LIST | |
| | Event Name | Event Location |
| | Event Start Date / / | Event Coordinator |
| | Coordinator Fax Number | Coordinator Email Address |
| <i>Provide a list of all participating food vendors. You may fax/email partial lists as you recruit. This will assist us in tracking their food application and permit status. A FINAL list is needed at least 5 days prior to the beginning of your event. We will copy you on all APPROVED or DISAPPROVED applications as we process them.</i> | <input type="checkbox"/> Partial Vendor List | Submittal Date: |
| | <input type="checkbox"/> Updated Vendor List | Submittal Date: |
| | <input type="checkbox"/> Final Vendor List | Submittal Date: |

| Vendor Trade Name | Vendor's Street address, City, State | Vendor Contact phone# or email address | Does Vendor have a current Vineland temporary or mobile unit license yet? | Does Vendor need Applications sent or faxed to them? |
|-------------------|--------------------------------------|--|---|--|
| 1. | | | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 2. | | | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 3. | | | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 4. | | | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 5. | | | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 6. | | | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 7. | | | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 8. | | | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 9. | | | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 10. | | | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 11. | | | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 12. | | | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 13. | | | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 14. | | | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 15. | | | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |