

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 <hr/> Application sent date: / / <hr/> Application Rec'd date: / / <hr/> <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> In-person
APPLICATION: TEMPORARY EVENT/FARM MARKET COORDINATOR	
Instructions: <ul style="list-style-type: none"> ▪ Complete all information requested on this Application form. ▪ Mail or fax at least 21 business 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 business 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 business 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.

EVENT INFORMATION				
Event Name			Municipality Vineland	
Event Start Date			Event End Time:	
Event End Date:		Rain Date:		Event Start Time:
Facilities that you will provide (check all that apply):				
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Electricity</div> <div style="width: 25%;"><input type="checkbox"/> Overhead protection (umbrellas/tents/building)</div> <div style="width: 25%;"><input type="checkbox"/> Potable Water</div> <div style="width: 25%;"><input type="checkbox"/> Restrooms/Portable Toilets</div> <div style="width: 25%;"><input type="checkbox"/> Refrigerated Truck/ or other refrigeration</div> <div style="width: 25%;"><input type="checkbox"/> Trash/Garbage Disposal</div> <div style="width: 25%;"><input type="checkbox"/> Waste Water Disposal</div> <div style="width: 25%;"><input type="checkbox"/> Other:</div> </div>				
EVENT LOCATION				
Street Address			City	
EVENT COORDINATOR				
Name of Coordinator(s)/Contact Person and Title			Provide Phone Numbers: (check best contact methods)	
Coordinator's Mailing address (Street, City, State, Zip)			<input type="checkbox"/> work phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Fax	
Organization of Entity Sponsoring this Event (i.e. Municipality, CC Parks etc.)			Email Address: <input type="checkbox"/>	
Mailing Address and Phone # (if different from above information)			Signature of Applicant: Date:	
Print Name of Person Completing this Form:				

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