

**City of Vineland Health Department  
Environmental Division  
640 E. Wood St., P.O. Box 1508  
Vineland, NJ 08362-1508  
Phone: 856-794-4000 ext. 4326  
jgarbarino@vinelandcity.org**

**FOR OFFICE USE ONLY**

Application sent date: *mm/dd/yy*

Application Rec'd date: *mm/dd/yy*

Fax  Mail  Email  In-person

**APPLICATION: TEMPORARY EVENT/FARM MARKET COORDINATOR**

**Instructions:**

- 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:**

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

**City of Vineland Health Department**  
**640 E. Wood St., P.O. Box 1508**  
**Vineland, NJ 08362-1508**  
**Phone: 856-794-4000 ext. 4326**  
**Fax: 856-405-4608**  
**jgarbarino@vinelandcity.org**

**TEMPORARY EVENT/FARM MARKET FOOD VENDOR LIST**

<b>Event Name</b>	<b>Event Location</b>
<b>Event Start Date mm/dd/yy</b>	<b>Event Coordinator</b>
<b>Coordinator Fax Number</b>	<b>Coordinator Email Address</b>
<input type="checkbox"/> <b>Partial Vendor List</b>	<b>Submittal Date:</b>
<input type="checkbox"/> <b>Updated Vendor List</b>	<b>Submittal Date:</b>
<input type="checkbox"/> <b>Final Vendor List</b>	<b>Submittal Date:</b>

*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.*

<b>Vendor Trade Name</b>	<b>Vendor's Street address, City, State</b>	<b>Vendor Contact phone# or email address</b>	<b>Does Vendor have a 2014 Vineland temporary or mobile unit license yet?</b>	<b>Does Vendor need Applications sent or faxed to them?</b>
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