Atlantic County Division of Public Health **Retail Food Program,** **201 S. Shore Road** **Northfield, NJ 08225** **phone: 609-645-5971 Fax: 609-645-5923** **www.aclink.org**	FOR OFFICE USE ONLY Application received date: Application approved date: ☐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 **15 days** prior to the start of your event.
Recruit Your Food Vendors:
  ▪ Food vendors *MUST* be approved by this Department prior to the event. Vendors must submit a Mobile Retail Food Establishment Application or a Mobile Food Establishment Amendment to this Department no later than **5 days** prior to your event. Applications can be downloaded from our web site at www.aclink.org
  ▪ Send/fax/email a list to this Department of all Food Vendors you have recruited no later than **5 days** before your 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 **PROVISIONALLY APPROVED APPLICATIONS** 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		☐ Annual Event ☐ One Time Event ☐ Seasonal Event (ex: farm market)
Event Start Date	Event End Date:	Rain Date:	Event Start Time:	Event End Time:

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

☐ Electricity ☐ Overhead protection (umbrellas/tents/building) ☐ Potable Water ☐ Restrooms/Portable Toilets

☐ Refrigerated Truck/ or other refrigeration ☐ Trash/Garbage Disposal ☐ Waste Water Disposal ☐ Other:

EVENT LOCATION

Street Address	City

EVENT COORDINATOR

Name of Coordinator(s)/Contact Person and Title	Provide Phone Numbers: (check best contact methods)		
	☐ work phone	☐ Cell phone	☐ Fax
Coordinator's Mailing address (Street, City, State, Zip)	Email Address: ☐		
Organization of Entity Sponsoring this Event (i.e. Municipality, CC Parks etc.)	Mailing Address and Phone # (if different from above information)		

FOOD VENDOR INFORMATION

Anticipated number of food vendors	Do you have a specific food theme?	
Print Name of Person Completing this Form:	Signature of Applicant:	Date:

<table>
<tr><td colspan="2">Atlantic County Division of Public Health
201 S. Shore Road
Northfield, NJ 08225
609-645-5971
Fax: 609-645-5923</td><td colspan="2">TEMPORARY EVENT/FARM MARKET FOOD VENDOR LIST</td></tr>
</table>

Atlantic County Division of Public Health 201 S. Shore Road Northfield, NJ 08225 609-645-5971 Fax: 609-645-5923	**TEMPORARY EVENT/FARM MARKET FOOD VENDOR LIST**		
	Event Name		**Event Location**
	Event Start Date *mm/dd/yy*		**Event Coordinator**
	Coordinator Fax Number		**Coordinator Email Address**
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.	☐ **Partial Vendor List**		**Submittal Date:**
	☐ **Updated Vendor List**		**Submittal Date:**
	☐ **Final Vendor List**		**Submittal Date:**

Vendor Trade Name	Vendor's Street address, City, State	Vendor Contact phone# or email address	Does Vendor need Applications sent or faxed to them?
1.			☐ yes ☐ no
2.			☐ yes ☐ no
3.			☐ yes ☐ no
4.			☐ yes ☐ no
5.			☐ yes ☐ no
6.			☐ yes ☐ no
7.			☐ yes ☐ no
8.			☐ yes ☐ no
9.			☐ yes ☐ no
10.			☐ yes ☐ no
11.			☐ yes ☐ no
12.			☐ yes ☐ no
13.			☐ yes ☐ no
14.			☐ yes ☐ no
15.			☐ yes ☐ no