

BURLINGTON COUNTY HEALTH DEPARTMENT 15 PIONEER BOULEVARD WESTAMPTON NJ 08060 PHONE: 609-265-5515 FAX: 609-265-5541 www.co.burlington.nj.us	FOR OFFICE USE ONLY Application received date:	
	Application approved date:	
	<input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> In-person	
APPLICATION: TEMPORARY EVENT or FARM MARKET COORDINATOR		
Instructions: <ul style="list-style-type: none"> Complete all information requested on this Application form. Mail or fax at least 10 business days prior to the start of your event. Recruit Your Food Vendors: <ul style="list-style-type: none"> 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 10 business days prior to your event. Applications can be downloaded from our web site at www.co.burlington.nj.us Send/fax/email a list to this Department of all Food Vendors you have recruited no later than 10 business days before your 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 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		<input type="checkbox"/> Annual Event <input type="checkbox"/> One Time Event <input type="checkbox"/> 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): <table border="0"> <tr> <td><input type="checkbox"/> Electricity</td> <td><input type="checkbox"/> Overhead protection (umbrellas/tents/building)</td> <td><input type="checkbox"/> Potable Water</td> <td colspan="3"><input type="checkbox"/> Restrooms/Portable Toilets</td> </tr> <tr> <td><input type="checkbox"/> Refrigerated Truck/ or other refrigeration</td> <td><input type="checkbox"/> Trash/Garbage Disposal</td> <td><input type="checkbox"/> Waste Water Disposal</td> <td colspan="3"><input type="checkbox"/> Other:</td> </tr> </table>						<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:		
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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)														
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:												

Temporary Event or Farm Market Coordinator Application

Food Vendor List

1. _____

Vendor Name

Contact Person

Phone Number

Address

2. _____

Vendor Name

Contact Person

Phone Number

Address

3. _____

Vendor Name

Contact Person

Phone Number

Address

4. _____

Vendor Name

Contact Person

Phone Number

Address

5. _____

Vendor Name

Contact Person

Phone Number

Address

***Note:** Temporary Event or Farm Market Coordinator and Food Vendor List must be emailed to the Burlington County Health Department at BCHD@co.burlington.nj.us. Please submit a copy of same to the Fire Official at CTowner@burlingtonnj.us.