

**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  
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**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
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**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:	