

<p align="center">BURLINGTON COUNTY HEALTH DEPARTMENT 15 PIONEER BOULEVARD WESTAMPTON NJ 08060 PHONE: 609-265-5515 FAX: 609-265-5541 www.co.burlington.nj.us</p>	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

<p>Instructions:</p> <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. <p>Recruit Your Food Vendors:</p> <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. 	<p>The Day of the Event:</p> <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.
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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):

<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:

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)		

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: