

Englewood Health Department
73 S. Van Brunt St.
Englewood NJ, 07631
Phone: 201-568-3450
Fax: 201-568-5738

FOR OFFICE USE ONLY

Application Sent date: _____

Application Rec'd Date: _____

Fax Mail Email In-Person

TEMPORARY EVENT/FARMERS MARKET COORDINATOR

Instructions:

- Complete all information on the Application form.
- The Event Coordinator is responsible for ensuring that all **paperwork and applications** have been submitted to the Department of Health **at least ten (10) days** prior to event date.
- Mobile Food Vendors with a **current license** in Englewood need no additional application if vending the menu currently approved for them.
- Temporary Food Vendors must submit payment to the Health Department at least **3 days prior to the event** to prevent late fees.

- You will be notified via fax or email of all **APPROVED** or **DISAPPROVED** applications prior to the event.

The Day of the Event:

- Food Vendors must be set up to vend at least **2 hours** before the event start time.
- Vendors without a **temporary event License** will be required to leave. Inspectors will not accept applications on the day of the event.
- Food vendors who lack required equipment, who attempt to vend unsafe foods, who vend a menu not pre-approved, or vend foods from an unapproved source, may be required to leave.

EVENT INFORMATION

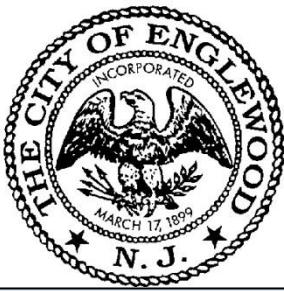
Event Name:			Municipality: ENGLEWOOD	<input type="checkbox"/> Annual Event <input type="checkbox"/> Seasonal Event
Event Start Date:	Event End Date:	Rain Date:	Event Start Time:	Event End Time:

EVENT LOCATION

Street Address:	City: ENGLEWOOD, NJ
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EVENT COORDINATOR

Name of Coordinator(s)/Contact Person and Title:	Telephone 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, Zip)	<input type="checkbox"/> Email Address:	
Organization or Entity Sponsoring the Event: (i.e Municipality, County, Exposure, etc.)	Mailing Address and Phone #: (if different from above)	
Print Name of Person Completing this Form:	Signature of Applicant:	Date:

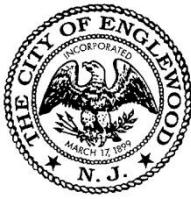
**Date Received:**

- Partial Vendor List** (20 days prior to event)
- Updated Vendor List** (15 days prior to event)
- Final Vendor List** (10 days prior to event)

TEMPORARY EVENT/FARMERS MARKET FOOD VENDOR LIST

Provide a list of all participating food vendors. You may fax/email partial lists as you recruit. This will assist us in tracking their temporary food application and permit status. A FINAL list is needed at least 10 days prior to the beginning of your event. We will copy you on all APPROVED or DISAPPROVED applications as we process them.

Event Name	Event Location	Event Start & End Date	
Coordinators Name	Phone/Fax	Email Address	
Vendor Trade Name	Address	Phone#	Email
1.			
2.			
3.			
4.			
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11.			
12.			
13.			
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16.			
17.			
18.			



**THE CITY OF ENGLEWOOD
DEPARTMENT OF HEALTH**
73 S Van Brunt St, Englewood, NJ 07631
James Fedorko, Director/Health Officer

(201) 568-3450
www.cityofenglewood.org

TEMPORARY RETAIL FOOD ESTABLISHMENT APPLICATION
TEMPORARY LICENSE FEES ARE NON-REFUNDABLE.

TEMPORARY

SEASONAL

PORTABLE TOILET

Temporary Food License		Seasonal Events	
Current (Annual) Retail License	\$0.00	(Farmer's Market, Sports Concessions, etc.)	\$50.00
Up to 3 days	\$75.00	Portable Toilet	
Up to 10 days	\$125.00	Single-day events	No fee
Set-up Deposit (Refundable within 48 hrs after end of event upon inspector's verification of on-time set-up)	\$60.00 (for all licenses)	First Portable Toilet	\$15.00
		Each additional Portable Toilet	\$5.00

Late Fee

Late application fee for any/all license(s) received by Health Dept. less than 3 business days prior to event start date. **\$25.00**

Business/Establishment Name _____
Business Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Email _____
Mobile Food Vendor Vehicle (if applicable) License Plate No. _____ State _____

Owner Information

Name _____ Phone _____
Home Address _____ City _____ State _____ Zip _____

Event Information

Name of Event (if applicable) _____
Event Address _____
Proposed Date(s) of Operation _____ Event Start Time: _____ End Time: _____
Vendor Set-up Date: _____ *Vendor Set-up Time*: _____ AM PM
*** Food vendor must be set up to vend foods 2 hours prior to the event start time.**

Person in Charge of Food Preparation

Name _____ Cell Phone _____
List all foods and/or beverages that will be offered at this event. If additional space is needed, please continue on the back of this application.

Portable Toilets

Quantity _____ Set up Date: _____ Pick up Date: _____

IN CONSIDERATION OF THE ISSUANCE OF THIS LICENSE, THE APPLICANT AGREES TO COMPLY AT ALL TIMES WITH THE HEALTH DEPARTMENT CODE AND/OR AMENDMENTS THERETO AND ANY OR ALL OTHER CODES PROMULGATED.

Legal Signature _____ **Date** _____

For Health Department Use Only

License Application: Approved _____ Disapproved _____ Date: _____ Amount Paid: _____