

BOBBY BARR
Commissioner

KEVIN L. THOMAS
Health Officer
Public Health Coordinator

ALOYSIUS ONWUKA, M.D.
Medical Director

CAPE MAY COUNTY DEPARTMENT of HEALTH

4 Moore Road
Cape May Court House, N.J. 08210-1601
(609) 465-1209 after hours (609) 465-1190
Fax: (609) 465-6564



TEMPORARY EVENT COORDINATOR APPLICATION

Coordinator Instructions:

- Complete all information requested on this application form.
- Mail or fax a completed application with a list of food vendors to this department (**see next page**)
- Provide **initial food vendor list 14 days** prior to the start of the event.
- Provide **final food vendor list 7 days** prior to the start of the event.

Food Vendor Requirement:

- Temporary food vendors must obtain approval from this Department at least 10 days prior to vendor's first event in calendar year. Approvals expire 12/31/26.
- *Temporary Retail Food Vendor Application* can be downloaded at www.capemaycountynj.gov or by calling (609) 465-1209.
- Cottage food permit holders shall submit a *Cottage Food Operator Temporary Event Form* in lieu of a *Temporary Retail Food Vendor Application*.

EVENT INFORMATION

Event Name		Total # of Food Vendors	<input type="checkbox"/> Annual Event	
Municipality			<input type="checkbox"/> One Time Event	
				<input type="checkbox"/> Seasonal Event (e.g. 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 Potable Water Wastewater Disposal Trash/Garbage Disposal Restrooms/Portable Toilets

EVENT LOCATION

Street Address	City
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EVENT COORDINATOR

Name of Coordinator(s)/Contact Person and Title	Contact Phone Numbers: (Check best contact method)	
	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
Coordinators Mailing Address	<input type="checkbox"/> Email Address:	
Organization Sponsoring this Event (i.e. Municipality, etc.)	Mailing Address and Phone # (if different from above)	

EVENT COORDINATOR SIGNATURE

Print Name of Person Completing Form:	Signature of Applicant	Date
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OFFICE USE ONLY

Reviewed By: _____

Date: _____

Temporary Event/Farm Market Food Vendor List

Instructions: Provide a list of all participating food vendors. You may fax/email partial list as you recruit. This will assist us in tracking their food application and approval status. A **FINAL LIST** is needed at least **7 days in advance** of the event.

Event Name:	Event Location:	Date of Event:

Partial Vendor List / Submittal Date: _____
 Final Vendor List / Submittal Date: _____

Vendor Name	Vendor's Street Address, City, State	Vendor Contact Name	Vendor Contact Phone#	Vendor Email Address
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				