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| City of Vineland Health Department640 E. Wood St., P.O. Box 1508Vineland, NJ 08362-1508Phone: 856-794-4000 ext. 4326Fax: 856-405-4608jgarbarino@vinelandcity.org | TEMPORARY EVENT/FARM MARKET FOOD VENDOR LIST |
| Event Name       | Event Location       |
| Event Start Date *mm/dd/yy*      | Event Coordinator       |
| Coordinator Fax Number       | Coordinator Email Address       |
| *Provide a list of all participating food vendors. You may fax/email partial lists as you recruit. This will assist us in tracking their food application and permit status. A FINAL list is needed at least 5 days prior to the beginning of your event. We will copy you on all APPROVED or DISAPPROVED applications as we process them.*  | [ ]  Partial Vendor List | Submittal Date:       |
| [ ]  Updated Vendor List | Submittal Date:       |
| [ ]  Final Vendor List | Submittal Date:       |

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| Vendor Trade Name | Vendor’s Street address, City, State | Vendor Contact phone# or email address | Does Vendor have a 2016 Vineland temporary or mobile unit license yet? | Does Vendor need Applications sent or faxed to them? |
| 1.       |       |       | [ ]  yes [ ]  no | [ ]  yes [ ] no |
| 2.      |       |       | [ ]  yes [ ]  no | [ ]  yes [ ]  no |
| 3.      |       |       | [ ]  yes [ ]  no | [ ]  yes [ ]  no |
| 4.      |       |       | [ ]  yes [ ]  no | [ ]  yes [ ]  no |
| 5.      |       |       | [ ]  yes [ ]  no | [ ]  yes [ ]  no |
| 6.      |       |       | [ ]  yes [ ]  no | [ ]  yes [ ]  no |
| 7.      |       |       | [ ]  yes [ ]  no | [ ]  yes [ ]  no |
| 8.      |       |       | [ ]  yes [ ]  no | [ ]  yes [ ]  no |
| 9.      |       |       | [ ]  yes [ ]  no | [ ]  yes [ ]  no |
| 10.      |       |       | [ ]  yes [ ]  no | [ ]  yes [ ]  no |
| 11.      |       |       | [ ]  yes [ ]  no | [ ]  yes [ ]  no |
| 12.      |       |       | [ ]  yes [ ]  no | [ ]  yes [ ]  no |
| 13.      |       |       | [ ]  yes [ ]  no | [ ]  yes [ ]  no |
| 14.      |       |       | [ ]  yes [ ]  no | [ ]  yes [ ]  no |
| 15.      |       |       | [ ]  yes [ ]  no | [ ]  yes [ ]  no |

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