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| City of Vineland Health Department  640 E. Wood St., P.O. Box 1508  Vineland, NJ 08362-1508  Phone: 856-794-4000 ext. 4326  Fax: 856-405-4608  jgarbarino@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: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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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