

Princeton Regional Health Department
PO Box 390 - One Monument Drive
Princeton, NJ 08542
609-497-7608 Ofc.
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APPLICATION FOR FARM MARKET VENDOR

Name of event:_____ Date(s) of event:_____

Location:_____

Vendor Name:_____

Address:_____

Phone:_____ cell:_____

Person in charge at event:_____ Phone:_____

Location where food is prepared or stored before event:_____

Last inspection(if applicable) & Name of Health Department:_____

Food Product	Method of Hot, Cold, or Frozen storage at event site
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1.	_____
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2.	_____
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3.	_____
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4.	_____
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5.	_____
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6.	_____
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How will food be transported to site?_____

What is the source of water and/or ice used in preparing and storing product? ex: well, city water, ice machine

List any equipment to be used at event to prepare food product:_____

If needed how will the three compartment sink be set up: _____
Available hand washing station shall be required.

FEE: No fee is required for fresh, whole uncut fruit and/or vegetables.
\$110.00 is required for any other food products and is valid for up to two
locations per year.

The undersigned agrees to operate the aforementioned food establishment in
accordance with applicable state and local laws and regulations.

Signature of Owner: _____ Date: _____

Print Name of Owner: _____

FOR OFFICE USE ONLY: LICENSE # Issued _____

Approved By: _____ Date: _____