



Submittal Date: _____

Sussex County Department of Environmental and Public Health Services
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Farmers' Market /Temporary Retail Food Vendor Application

AMENDMENT RENEWAL

FARMERS' MARKET VENDOR / TEMPORARY VENDOR BUSINESS AND EVENT INFORMATION

Trading Name of Vendor _____	
Approval Date of Last Full Application _____	
Owner/Corporation _____	Street Address _____
Mail Address _____	City _____ State _____ Zip _____
Home Phone# _____	Cell# _____ Fax# _____
Email _____	
Vending Location(s) _____	
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Farm Market/Temporary Event:	
Name of Event _____	Date of Event _____
Municipality _____	Street location _____
Block _____	Lot _____
Times and Days at the Event _____	
Event Contact Person _____	Phone# _____

CHECK THE BELOW ITEMS WHICH HAVE NOT CHANGED:

- My **set-up** has not changed from my original approved application. NOTE: If the set-up has changed, a new application must be submitted for approval.
- My **menu** has not changed from my original approved application. NOTE: If the menu has changed, a new application must be submitted for approval.
- My **servicing area** has not changed from my original approved application. NOTE: If the servicing area has changed, the Certification for Use of Licensed food establishment must be submitted for approval (page 5 of Farmers' Market/Temporary Vendor Application).

I hereby certify that I am familiar with the State law (N.J.A.C. 8:24) requiring that all mobile/temporary retail food establishments operate from an approved base location and that all mobile/temporary units return daily to such location for equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding of food. I also understand that the home preparation and storage of food, or the cleaning of equipment or utensils used in this mobile/temporary operation is prohibited and is subject to penalties, fines and possible license forfeiture. AND, I hereby certify that the above listed information is correct.

Owner/Operator (print) _____	Date _____
Owner/Operator (signature) _____	