



Sussex County Department of Environmental & Public Health Services  
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**FARMERS' MARKET / TEMPORARY EVENT FOOD VENDOR LIST**

Event Name	Event Location
Event Start Date <i>mm/dd/yy</i>	Event Coordinator
Coordinator Phone 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 status. A FINAL list is needed at least 7 days prior to the beginning of your event. We will copy you on all APPROVED or DISAPPROVED applications.*

<input type="checkbox"/> Partial Vendor List	Submittal Date:
<input type="checkbox"/> Updated Vendor List	Submittal Date:
<input type="checkbox"/> Final Vendor List	Submittal Date:

Vendor Trade Name	Vendor's Street address, City, State	Vendor Contact phone#	Does Vendor have a 2016 temporary vendor approval from SCDE&PHS?	Vendor Contact email address
1.			<input type="checkbox"/> yes <input type="checkbox"/> no	
2.			<input type="checkbox"/> yes <input type="checkbox"/> no	
3.			<input type="checkbox"/> yes <input type="checkbox"/> no	
4.			<input type="checkbox"/> yes <input type="checkbox"/> no	
5.			<input type="checkbox"/> yes <input type="checkbox"/> no	
6.			<input type="checkbox"/> yes <input type="checkbox"/> no	
7.			<input type="checkbox"/> yes <input type="checkbox"/> no	
8.			<input type="checkbox"/> yes <input type="checkbox"/> no	
9.			<input type="checkbox"/> yes <input type="checkbox"/> no	
10.			<input type="checkbox"/> yes <input type="checkbox"/> no	
11.			<input type="checkbox"/> yes <input type="checkbox"/> no	
12.			<input type="checkbox"/> yes <input type="checkbox"/> no	
13.			<input type="checkbox"/> yes <input type="checkbox"/> no	
14.			<input type="checkbox"/> yes <input type="checkbox"/> no	
15.			<input type="checkbox"/> yes <input type="checkbox"/> no	