



Princeton Health Department
 One Monument Drive
 609-497-7608 Office
 609-924-7627 Fax



Public Health
 Prevent. Promote. Protect.
 Princeton Health Department

APPLICATION FOR A TEMPORARY FOOD ESTABLISHMENT

NAME OF EVENT: _____ DATE(S) OF EVENT: _____

LOCATION: _____ PERSON/ORGANIZATION HOSTING EVENT: _____

NAME OF YOUR STAND: _____

BUSINESS ADDRESS: _____

CONTACT PERSON FOR STAND: _____ PHONE () _____

BASE OF OPERATION (Location of where food is prepared or stored before the actual event : _____

IN THE SPACE PROVIDED BELOW, LIST ALL FOODS TO BE SERVED

MENU ITEM	ESTIMATED QUANTITY	ARRIVE AT EVENT HOT,COLD,FROZEN?	PREPARATION ON SITE ?	HOW KEPT HOT/COLD?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

How will food be transported to the event? _____

**** On the back of the application please draw a sketch of your stand including all important equipment****

THE UNDERSIGNED AGREES TO OPERATE THE AFOREMENTIONED FOOD ESTABLISHMENT IN ACCORDANCE WITH A APPLICABLE STATE AND LOCAL LAWS AND REGULATIONS.

SIGNATURE OF OWNER: _____ DATE: _____

PRINT NAME OF OWNER: _____

FOR OFFICE USE ONLY: License # issued: _____

APPROVED BY: _____ DATE: _____

FEE: \$45.00 (No fee due for establishments having an initial catering license on their retail food applications)

\$35.00 One day event with Baked Goods & Non-Potentially hazardous Foods

\$125.00 2-3 Day Events

\$225.00 4-7 Day Events

\$400.00 8-10 Day Events

****TEMPORARY EVENT VENDORS SHALL SUBMIT APPLICATIONS NO LATER THAN 10 DAYS PRIOR TO EVENT.****