



Princeton Health Department
 One Monument Drive
 Princeton, NJ 08540
 Phone: (609) 497-7608 Fax: 609-924-7627



APPLICATION FOR A FARM MARKET

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

LOCATION: _____

STAND VENDOR/SPONSOR: _____

CONTACT ADDRESS: _____

Email Address

PERSON IN CHARGE AT EVENT: _____ **PHONE ()** _____

BASE OF OPERATION (Location of where food is prepared or stored before the actual event (Residential/home base is not permitted

Last Inspection: _____ **Health Department:** _____ **(If Applicable)**

In the space provided below please list all food to be served:

MENU ITEM KEPT	QUANTITY	ARRIVE AT EVENT	PREPARATION	HOW
		HOT, COLD, F ROZEN	ON SITE	
1.				
2.				
3.				
4.				
5.				
6.				
7.				

How will the food be transported to the event?

How will condiments be served?

What is the source of water and ice?

HOW WILL THE (3) THREE COMPARTMENT SINK BE SET UP IF NEEDED?

HAND WASHING STATION SHALL BE REQUIRED.

Please draw a sketch of your stand including all important equipment.

THE UNDERSIGNED AGREES TO OPERATE THE AFOREMENTIONED FOOD ESTABLISHMENT ACCORDANCE WITH ALL 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: \$110.00 Farm Markets (Up to two locations per year)

Note: NO FEE for Fresh, Whole Uncut Fruit and/or Vegetables