



PRINCETON HEALTH DEPARTMENT

One Monument Drive
Princeton, New Jersey 08540
Telephone: (609) 497-7608
Fax: (609) 924-7627

FARM MARKET APPLICATION

EVENT #1

Event Name: _____

Date(s)/Time(s) of Event: _____

Event Location/Address: _____

Name of Event Coordinator & Contact Information: _____

EVENT #2

Event Name: _____

Date(s)/Time(s) of Event: _____

Event Location/Address: _____

Name of Event Coordinator & Contact Information: _____

***For Facilities not located in Princeton please provide your most recent health inspection report.**

VENDOR INFORMATION

Vendor Name: _____

Vendor Address: _____

Person In Charge: _____

Phone # and Email Address: _____

Base of Operation/ Commissary Name & Address: _____

MENU ITEM	ESTIMATED QUANTITY	ARRIVE AT EVENT HOT, COLD or FROZEN?	PREPARATION ON SITE?	HOW WILL YOU KEEP IT HOT or COLD?	EVENT 1 OR 2?
1.					
2.					
3.					
4.					
5.					
6.					
7.					

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

Signature of owner: _____

Date: _____

Print name of owner: _____

<u>FEES:</u>	
\$110.00	Up to two (2) locations per year.
\$15.00	Each day for a third location. How many days

*No fee for Fresh, Whole Uncut Fruit and/or Vegetables

FOR OFFICIAL USE ONLY:

APPROVED:

DENIED:

Health Inspector: _____

Date: _____

Comments:
