



**PRINCETON HEALTH DEPARTMENT**

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

**TEMPORARY EVENT FORM**

\*Temporary event vendors must submit applications no later than 10 days prior to event.\*

**EVENT INFORMATION**

**Event Name:** \_\_\_\_\_

**Date(s)/Time(s) of Event:** \_\_\_\_\_

**Event Location/Address:** \_\_\_\_\_

**Name of Event Coordinator & Contact Information:** \_\_\_\_\_

\_\_\_\_\_

**VENDOR INFORMATION**

**Vendor Name:** \_\_\_\_\_

**Vendor Address:** \_\_\_\_\_

**Address of food preparation:** \_\_\_\_\_

**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?
1.				
2.				
3.				
4.				

5.				
6.				
7.				
8.				

**Food must be protected from the public and insects. How do you plan to accomplish this?**

- Sneeze guards
- Wrapped
- Covered
- Other: \_\_\_\_\_

**How will garbage be disposed of:**

- Garbage receptacles provided by the event coordinator
- Dumpster located on site
- Will collect and haul away
- Other: \_\_\_\_\_

**Describe hand washing facilities:** \_\_\_\_\_

**NOTE:** All vendors handling foods that are not pre-packaged must supply a temporary hand wash station consisting of a 5-gallon thermal container with a spigot that provides a continuous flow of warm running water (90-110°F), soap, paper towels, and a 5-gallon bucket underneath to collect the dirty water.

Signature of owner: \_\_\_\_\_

Date: \_\_\_\_\_

Print name of owner: \_\_\_\_\_

<b><u>FEES:</u></b>	
\$45.00	One day event
\$125.00	2-3 Day Event
\$225.00	4-7 Day Event

\*In-town facilities with a Princeton Health Department catering license will not be charged a fee.

**FOR OFFICIAL USE ONLY:**

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_