

BRIDGEWATER TOWNSHIP HEALTH DEPARTMENT  
100 COMMONS WAY  
BRIDGEWATER, NJ 08807  
908-725-6300 EXT. 5210

## TEMPORARY FOOD EVENT VENDOR REGISTRATION

### VENDOR INFORMATION

**In addition to this application, you will need to submit your current food license, food safety certificate and a detailed health inspection report. A \$50.00 check payable to Bridgewater Township is also required.**

Name of Event \_\_\_\_\_

Trade Name of Vendor \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Complete Business Mailing Address \_\_\_\_\_

Business Telephone \_\_\_\_\_ Cellular Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

Website address \_\_\_\_\_

Event Location \_\_\_\_\_

Date(s)/Time/Rain Date of Event \_\_\_\_\_

Name of Onsite Operator(s) \_\_\_\_\_

Cell Phone # of Onsite Operator(s) \_\_\_\_\_

Set-Up Date & Time \_\_\_\_\_

Name of Servicing Area Facility/Base of Operations \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

*Food units must operate from a commercial catering establishment, restaurant, or other approved facility in which food or supplies are prepared, kept, handled, packaged and/or stored in a proper fashion.*

Is this Vendor currently licensed? \_\_\_\_\_

If so, in what jurisdiction/municipality? \_\_\_\_\_

*Vendors must submit a copy of their current satisfactory inspection placard and a copy of the most recent inspection report.*

List of food items being served and the source of the food

---

---

---

---

---

---

---

---

**AFFIDAVIT**

The information contained in this application is accurate to the best of my knowledge. I agree in the event this registration is approved to abide and comply with the applicable laws, ordinances and regulations of the State of New Jersey and the Township of Bridgewater, with full knowledge that failure to comply may result in the revocation of this registration, or the imposition of such other penalties provided by law. The applicant agrees to provide a copy of the most recent applicable State of New Jersey, County or local health department inspection report and/or license associated with vendor operations in an effort to expedite approval for this registration to operate a temporary food establishment for the defined special event.

Vendor Signature \_\_\_\_\_

Date \_\_\_\_\_

*For Office Use Only:*

Approved \_\_\_\_\_

Denied \_\_\_\_\_ Comments \_\_\_\_\_

REHS/Health Officer \_\_\_\_\_

Notes:

---

---