

BRIDGEWATER TOWNSHIP HEALTH DIVISION
100 COMMONS WAY
BRIDGEWATER, NJ08807
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.

Fee Non-Refundable

Name of Event _____

TradeName of Vendor _____

Name of Applicant _____

Complete Business Mailing Address _____

Business Telephone _____ Cellular Telephone _____

E-mailaddress _____

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 Specialist _____

Notes:
