Department of Health and Human Services
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Atlantic City Health Department Mobile/ Temp Event Coordinator Application

- This application is due to the Health Department **60 DAYS PRIOR** to the event start date.
- Final vendor list is due **30 DAYS PRIOR** to event start date.
- Incomplete applications will not be accepted and will be returned for completion.
- Vendors cannot operate without approval from one of the following health departments: Atlantic City, Camden County, Atlantic County, Gloucester County, Salem County, Burlington County, Cumberland County, or Vineland City.

Event name:

Event location:

Organization or Entity Sponsoring this event:

Event start date:

Event start time:

Event end date:

Event end time:

EVENT COORINDATOR

Name of coordinator/Contact person:

Event coordinator's contact information:

Phone:

Email:

I understand that, as the event coordinator, I am responsible for ensuring that vendors who participate in my event have been approved to do so by municipal authorities and the Atlantic City Department of Health.

Signature: Date:

Provide a list of all food vendors who intend to participate at the listed event.				
Vendor Business Name:	**Vendor's commissary city and state:**	**Vendor Phone:**	**Vendor Email:**	**Have you received a copy of the vendor's CURRENT calendar year approval? If no, provide vendor with blank application.**
1.				Yes No
2.				Yes No
3.				Yes No
4.				Yes No
5.				Yes No
6.				Yes No
7.				Yes No
8.				Yes No
9.				Yes No
10.				Yes No