



UNION COUNTY OFFICE OF HEALTH MANAGEMENT

400 North Avenue East, Westfield, NJ 07090

Phone: 908-518-5620 | Fax: 908-654-9252



APPLICATION FOR TEMPORARY EVENTS COORDINATOR

Instructions:

- ✦ Complete all information requested on this Application form.
- ✦ Email to REHS@ucnj.org at least **10 business days** prior to the start of your event.

Recruit Your Food Vendors:

- ✦ Food vendors **MUST** be approved by this Department prior to the event. Vendors must submit a Mobile Retail Food Establishment Application to this Department no later than **10 business days** prior to your event.
- ✦ Applications can be downloaded from our website at <https://ucnj.org/public-safety/office-of-health-management/>
- ✦ Email a list to this Department of all Food Vendors you have recruited no later than **10 business days** before your event.

The Day of the Event:

- ✦ Food Vendors must be set up to vend at least **1 hour** before your event start time.
- ✦ Vendors without **APPROVED APPLICATIONS** will be required to leave.
- ✦ Food vendors who lack required equipment, who attempt to vend unsafe foods, who vend a menu they were not pre-approved for, or who vend foods from an unapproved source will be required to leave.

EVENT INFORMATION

Event Name		Municipality	<input type="checkbox"/> Annual Event
			<input type="checkbox"/> One-Time Event
Event Start Date	Event End Date	Rain Date:	Event Start Time: Event End Time:

Services that you will provide (check all that apply):

- Electricity
- Refrigerated Truck /or other refrigeration
- Trash / Garbage Disposal
- Portable Water
- Restrooms / Portable Toilets
- Other: _____
- Waste Water Disposal

EVENT LOCATION

Street Address	City
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EVENT COORDINATOR

Coordinator's name:	Phone number:
Coordinator's Mailing Address:	Email Address:

FOOD VENDOR INFORMATION

Anticipated number of food vendors	Do you have a specific food theme?
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Coordinator's signature: _____ Date: _____