

ATLANTIC CITY HEALTH DEPARTMENT
1301 BACHARACH BOULEVARD – ROOM 403
ATLANTIC CITY, NEW JERSEY 08401
609 347-5671

TEMPORARY EVENT VENDOR APPLICATION

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1301 BACHARACH BOULEVARD Room 403

ATLANTIC CITY, NEW JERSEY

609-347-5671

Name of Event: _____

Date(s) of Event: _____

Hours of Operation: _____

Set-up Time: _____

Trade Name: _____

Owner Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Work Number: _____

Cell Number: _____

E-mail: _____

Name of Person in Charge for the vendor at the Event and contact telephone number:

Menu (All food preparation is to take place on-site. Advance cooking is prohibited. Food preparation at home is prohibited.): Attach a separate sheet if necessary:

If any food product is being prepared in a commercial retail food establishment, a copy of their most recent retail food inspection report and rating placard is to be submitted along with the list of food being prepared at the establishment.

Type of Overhead Protection: (To be Health approved & A.C. Fire Prevention approved): _____

Floor Surface: (ex. rubber mats) _____

Sneeze guard protection devices are to be provided.

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Location of cooking equipment: _____

(No cooking equipment at the front of the vending space is allowed or on the sides if you are directly next to another vendor; cooking permitted at the rear of the space)

List of all food service equipment (including cooking equipment, refrigeration units, hot holding units, prep tables, thermometers, etc.): _____

Attach a separate sheet if necessary.

Adequate mechanical refrigeration is to be provided. Adequate mechanical hot holding units are to be provided.

Physical barriers preventing public access to prep areas are to be provided.

Hand wash sinks are to be provided. Indicate the location on your floor plan.

Three compartment sink is to be provided. Indicate the location on your floor plan. If the promoter/organizer is providing the three compartment sink indicate the location in reference to your booth location.

Trash storage and disposal: _____

Grease storage and disposal: _____

Attach a sketch of the layout (floor plan) in your vending space.

Hot water source: _____

Ice source: _____

Vendor Name: _____

Vendor Signature: _____

Date: _____

Are you the promoter/organizer: Yes: ____ No: ____

If you answered no the following is to be completed:

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Promoter/Organizer Authorization: Name (Printed): _____

Promoter/Organizer (Signature): _____

Date: _____

Please submit application with all required information completed and/or attached along with a check in the amount of \$65.00 made payable to the City of Atlantic City.

** Note: The Atlantic City Health Department reserves the right to amend these guidelines in an effort to be reasonable with the applicant and based on facility layout/accommodations.