

WARREN COUNTY HEALTH DEPARTMENT

700 Oxford Rd.
Oxford, NJ 07863
Telephone: 908-475-7960
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FEE: \$50.00
Check or Money Order
Payable: "WC Treasurer"

CK/MO # _____

Receipt # _____

Date Pd _____

FARMERS' MARKET PERMIT APPLICATION

Directions: The operator of each individual vending site must complete this application. The application must be completed and submitted to the WCHD no later than 2 weeks before the event. Please print.

Name of Farmers' Market _____

Location of Event: _____ Municipality: _____

Date(s) and Time(s) of Event _____

Name of Vendor/Owner _____

Mailing Address _____

Telephone Number _____ Fax Number _____

E-mail Address _____

(Your approval may be faxed or e-mailed to you if time is an issue. Please indicate your preference by circling.)

Date/Time you will be set up and ready to operate _____

List **all** food and beverage items to be sold or given away. Attach a separate sheet if necessary. (Note: any changes to the menu must be submitted to and approved by WCHD at least 7 days prior to the event.)

WARREN COUNTY HEALTH DEPARTMENT USE ONLY

APPROVED – Permit Restrictions: _____

DISAPPROVED – Reason(s) for Disapproval: _____

Reviewed by: _____
(Name and Title)

Signature _____ Date _____

Please indicate if any samples will be available for tasting. List all items available for tasting.

_____	_____
_____	_____
_____	_____
_____	_____

Please describe the extent of food preparation (i.e. slicing, etc.) on site. If food preparation is done elsewhere, please provide the name and location of the permanent food establishment at which the foods are prepared. If the establishment is not in Warren County, a copy of the current license or most recent inspection report for the permanent food establishment must be submitted.

Name of Facility _____

Address _____

Describe (be specific) how frozen, cold, and hot foods will be transported to the site:

How will food temperatures be monitored during the event? _____

Identify the sources for each meat, poultry, seafood, shellfish item, and ice:

Hand Washing Facilities (required if samples are provided) – List the items that will be provided for the TFE workers at the hand washing station:

Name of Person Completing Application (print) _____

Signature _____ Date _____

Telephone Number _____