



The Township of Ewing Board of Health

BERT H. STEINMANN, MAYOR

JAMES P. McMANIMON, BUSINESS ADMINISTRATOR

TEMPORARY MOBILE EVENT / SEASONAL FARMERS MARKET APPLICATION _____ (Yr.)

Name of Establishment: _____

Address of Establishment: _____ Block: _____ Lot: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Name of Owner: _____

Address of Owner: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Name of Contact: _____ Title: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Event: _____

Event Location: _____

Event Date(s): ____/____/____ - ____/____/____ Hours: _____

Event Sponsor/Coordinator Name: Last: _____ First: _____

Sponsor/Coordinator Email: _____ Mobile Phone: (____) ____ - _____

Commissary Name: Last: _____ First: _____

Commissary Location: _____

Address City State Zip

If Mobile Vehicle:

License Plate Number: _____ State: _____

Vehicle Insurance Information: _____

Vehicle Registration Information: _____

Temporary Mobile Event Fee:

Weekdays (Monday-Friday) -----\$50.00

Weekend(Saturday/Sunday) & Holidays -----\$80.00

Seasonal Farmers Markets Fee:

April 1st – October 31st -----\$80.00

The undersigned applicant agrees to operate the aforementioned food handling establishment in accordance with the provision of N.J.A.C 8:24 "Sanitation in Retail Food Establishment and Food and Beverage Vending Machines", the governing Code for the State of New Jersey and any local ordinances.

I CERTIFY TO THE BEST OF MY KNOWLEDGE ALL FACTS AND DATA SUPPLIED ARE TRUE AND CORRECT.

Applicants Name (Print): _____ Title: _____

Applicant's Signature: _____ Date: _____

OFFICIAL USE ONLY

Received by: _____ Date: _____

Fee Collected: _____ Cash: _____ Check: _____ Credit Card: _____

Health Officer's Signature: _____ Date: _____

(PAYMENT SHALL BE MADE TO THE TOWNSHIP OF EWING)