

EVENT NAME: NETCONG DAY **DATE:** 9-8-2019

Time of Event: 11:00 a.m. to 5:00 p.m.
Location of Event: Street Fair – Main Street

VENDOR INFORMATION:

Company Name: _____
Contact Person: _____
Address: _____
Business #: _____ Cell Phone # _____
Type of Unit: Tent Cart Tables Other _____
Water Source: On Site Bottled
Please specify location where water is obtained/source: _____
List all equipment used including fryers, grills, etc.

List food items to be sold:

Date & Place Food Purchased:

How is product being stored before & during event:

Where is product being stored:

Hand Washing Facilities (water, wipes, sanitizer, etc.) Please specify:

How are utensils & equipment being cleaned and sanitized:

*** Please note that all water holding tanks MUST be empty upon arrival at site – tanks may be filled at an approved location within the Borough of Netcong***

A COPY OF THE CERTIFICATE OF INSURANCE FROM VENDORS MUST NAME THE BOROUGH OF NETCONG AS ADDITIONAL INSURED AND MUST BE SUBMITTED WITH THIS APPLICATION

Contacted Fire Marshall:

Applicant's Signature

Date