



HUNTERDON COUNTY DIVISION OF HEALTH SERVICES EVENT COORDINATOR'S REGISTRATION FORM FOR TEMPORARY FOOD EVENT



To return this form by mail: Hunterdon County Division of Health Services P.O. Box 2900 Flemington, NJ 08822-2900 To return this form in person: Hunterdon County Division of Health Services 314 Rt. 12, County Complex Bld.#1, Suite 200 Flemington, NJ 08822-2900 Please return this form via fax: (908) 782-7510	Name of event:	
	Event Location:	
	Event start date (mm/dd/yy):	/ / Event Start Time: AM/PM
	Event end date (mm/dd/yy):	
	Event coordinator (name):	
	Coordinator mailing address:	
	Coordinator e-mail address:	
	Coordinator telephone #:	
	Coordinator cell phone # contact for day of the event: for the day of the event:	

The event coordinator is responsible for the proper management of solid waste and recycling generated by the event. Failure to do so may result in enforcement action.			
Solid waste & recycling service provider:		Service provider contact person:	

Vendor's Trade Name		Vendor's physical location and mailing address	Vendor's telephone number	Vendor's e-mail address
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