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

TEMPORARY EVENT VENDOR APPICATION

NAME OF EVENT: Music Festival

LOCATION OF EVENT: Surf Stadium

DATE(S) OF EVENT: MAY 18TH - MAY 25TH

HOUR(S) OF OPERATION: 12 PM - 9 PM

SET-UP TIME: 10:00 AM.

TRADE NAME: Sizonas Restaurant Inc.

OWNER NAME: ALEX GARCÍA

STREET ADDRESS: 1896 JEROME AV.

CITY: Bronx.

STATE: NEW YORK ZIP CODE: 10453

BUSINESS #: (917) 792-3395 CELL #: (212) 804-8998

EMAIL ADDRESS: MFDSNY@gmail.com

NAME OF PERSON IN CHARGE FOR THE VENDOR AT THE EVENT AND CONTACT PHONE NUMBER:
ALEX GARCÍA

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:
SOFT TACOS, COTTED FRUIT

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): NON

Floor Surface: (ex. Rubber mats) TURF

Sneeze guard protection devices are to be provided.

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Location of cooking equipment: BACK of Tent
(No cooking equipment at the front of the vending space is allowed, or on the side areas, if you are directly next to another vendor. Cooking is permitted at the rear of the space.)

List of all food service equipment (including cooking equipment, refrigeration units, hot holding units, prep tables, and thermometers, etc.): FLAT COOKING grill / REFRIGERATE VAN
Attach 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 locations on your floor plan.

A 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: DUMPSTER 20 YARD

Grease storage and disposal: _____

Attach a sketch of the layout (Floor Plan) in your vending space.

Hot water source: IN- HOUSE (SORES-RADIUM)

Ice source: ICE BAG

Vendor Name: _____

Vendor Signature: _____

Date: MAY 18TH - MAY 25TH

Are you the promoter/organizer: Yes: (Yes) No: _____

If you answered no, the following page is to be completed.

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TEMPORARY EVENT VENDOR APPLICATION

OWNER AUTHORIZATION: NAME (PRINTED): ALEX GARCIA

OWNER: (SIGNATURE): _____

DATE: 5/2/24

PLEASE SUBMIT APPLICATION WITH ALL REQUIRED INFORMATION COMPLETED, 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 FACILTY LAYOUT/ACCOMMODATIONS.