



Gloucester County Health  
Department 204 East Holly Avenue  
Sewell, New Jersey 08080  
(856) 218-4170

## COTTAGE FOOD OPERATOR TEMPORARY EVENT FORM

### MOBILE VENDOR BUSINESS AND EVENT INFORMATION

Trading Name of Mobile Vendor \_\_\_\_\_

Cottage Food Operator Permit # \_\_\_\_\_ Permit Expiration Date \_\_\_\_\_

Name, Date & Location of Event \_\_\_\_\_

Owner/Corporation \_\_\_\_\_ Street Address \_\_\_\_\_

Mail Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Email \_\_\_\_\_ Event Coordinator \_\_\_\_\_ Phone # \_\_\_\_\_

#### CHECK THE BELOW ITEMS WHICH HAVE NOT CHANGED:

My **menu** has *not* changed from my original approved Cottage Food Operator application.

NOTE: If the menu has changed, you must submit a new application to the New Jersey Department of Health for their review and approval.

For additional information please visit the NJDOH website;  
<https://www.nj.gov/health/ceohs/phfpp/retailfood/cottagefood.shtml>

Or contact NJDOH directly at [cfo@doh.nj.gov](mailto:cfo@doh.nj.gov) or (609) 913-5099

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I hereby certify that the above listed information is correct.

Please complete and email to this department at [envhealth@co.gloucester.nj.us](mailto:envhealth@co.gloucester.nj.us)

Mobile Owner/Operator (print) \_\_\_\_\_ Date \_\_\_\_\_

Mobile Owner/Operator (signature) \_\_\_\_\_

Health Department Inspector (print) \_\_\_\_\_ Date \_\_\_\_\_

Health Department Inspector (signature) \_\_\_\_\_