



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 or (609) 913-5099

I hereby certify that the above listed information is correct.

Please complete and email to this department at envhealth@co.gloucester.nj.us _____

Mobile Owner/Operator (print) _____	Date _____
Mobile Owner/Operator (signature) _____	
Health Department Inspector (print) _____	Date _____
Health Department Inspector (signature) _____	