



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



**Form Submission Options**

**By mail:**

Town of Clinton  
P.O. Box 5194  
Clinton, NJ 08809

**In-Person:**

Town of Clinton  
43 Leigh Street  
Clinton, NJ 08809

**Fax:**

908-735-8082

**E-Mail**

[ccovino@clintonnj.gov](mailto:ccovino@clintonnj.gov)

Name of Event \_\_\_\_\_

Event Location \_\_\_\_\_

Event Start Date (mm/dd/yy)      /      /      Event Start Time: \_\_\_\_\_

Event End Date (mm/dd/yy)      /      /      Event End Time: \_\_\_\_\_

Event Coordinator's Name \_\_\_\_\_

Coordinators Mailing Address \_\_\_\_\_

Coordinator's E-Mail Address \_\_\_\_\_

Coordinator's Telephone # \_\_\_\_\_

Coordinator's cell phone # 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 Coordinator \_\_\_\_\_ Service Provider Contact Name and # \_\_\_\_\_

	Vendor's Trade Name	Vendor's Physical Location and Mailing Address	Vendor's Telephone #	Vendor's E-mail Address
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				