



MUNICIPAL SERVICES DEPARTMENT

City of Bayonne
HEALTH DEPARTMENT

630 Avenue C, Bayonne, NJ 07002
Phone (201) 858-6100 Fax (201) 858-6111
Mayor James Davis



Suzanne Cavanaugh, MSN, BSN, RN
Director of Municipal Services

Annareilly McNair
Health Officer

ONE DAY/SHORT TERM EVENT ORGANIZER AGREEMENT

As the Event Organizer, the health and safety of many Bayonne residents are in your hands. Please read this agreement carefully and complete all required sections.

Once this agreement is approved, your event will be issued a "One Day/Short Term Event Packet," which you must distribute to each of your food vendors.

A Food Vendor is considered any participant providing food to the general public at your event, whether for free or for a fee.

Organizer responsibilities: distribute and collect the completed forms, review forms for accuracy and required attachments, and submit the forms along with the fee, if applicable, to the Bayonne Health Department at City Hall.

Fee: \$100 for each food vendor, except for any establishment or mobile vendor with a 2025 Bayonne Health License. Short-term event licenses authorize the sale or distribution of food and beverages in the City of Bayonne for the duration of the event only. Payments can be made in the form of cash, check, or money order payable to the City of Bayonne.

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_

Event Location: \_\_\_\_\_ Vendor Setup Time: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Text: \_\_\_\_\_

Initial that you have read and accept the following:

\_\_\_\_\_ I understand that food cannot be prepared at home

\_\_\_\_\_ I have attached a list of Food Vendors to this form, and I will update the list if any are added

\_\_\_\_\_ I will submit a site plan with the location of each food vendor

I am submitting this application on behalf of the organization or group listed above. I certify that I have read and understood the information provided, and I accept full responsibility for ensuring that all food vendors comply with the rules and regulations of the City of Bayonne. I understand that all participants attending and/or participating in the event do so at their own discretion and risk. The City of Bayonne is not responsible for any injuries sustained by attendees and/or participants, including but not limited to exposure to and/or contraction of any communicable disease, virus, or bacteria.

Applicant (Type or Print): \_\_\_\_\_ Signature: \_\_\_\_\_