



SATURDAY, SEPTEMBER 29, 2018
COMMUNITY FEST At THE COLLEGE OF NEW JERSEY
10 a.m. to 4p.m. (Rain or Shine)

FOOD VENDOR RESERVATION/POLICY AGREEMENT FORM

Group/Organization Name: _____

Contact Person Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Please initial:

_____ I wish to reserve a space for \$125 Dimensions of self-contained booth/vehicle: _____ ft by _____ ft
(maximum space allowed 20' x 30')

_____ I understand that I must be self-contained; that is, I will supply my own tent (if needed).

_____ I understand **no** electricity will be provided and that if I require it, I must use my own generator.

_____ I understand that permits are required and must be displayed at my location at Community Fest

- **Ewing Township One-Day Health Permit (ONLY for Community Fest - no charge).**
- **DCA Division of Fire Safety Permit (there is a charge for this permit)**

_____ I understand if am using combustible materials to heat/cook food, I am required by the State of New Jersey to file a State Fire Permit

NOTE: In an effort to provide a diverse offering of food at Community Fest, every effort is made to prevent duplicate offerings by vendors. Past participants have first priority on selecting the food they may sell. Your request will be reviewed upon receipt, and you will be notified of approval. Once approved, there may be no substitutions for the food offering.

What food do you wish to sell? 1st Choice: _____

2nd Choice: _____

3rd Choice: _____

FOOD VENDOR RESERVATION/POLICY AGREEMENT FORM

Guidelines for Participation

Food Vendors are required to complete the Ewing Township Health Permit Application. Applications are available online at the Community Fest website: communityfest.tcnj.edu. **You must complete the permit application and return it with your food vendor application.** Your one-day permit will be issued by Ewing Township at no cost on the day of the event after satisfactory inspection and must be on display at your booth.

If you are using combustible materials to heat or cook food, you are required by the State of New Jersey to file a State Fire Permit. It is the food vendor's responsibility to contact the Department of Community Affairs for the necessary permit application and to file that application in accordance with DCA rules. Fire marshals will be on site on the day of the event to check for compliance. If you are not sure if you must have this permit, contact the DCA, Division of Fire Safety at 609-633-6132. ***There is a State fee associated with this permit and must be borne by the food vendor.***

Deadline for general application submission is September 1 or when we run out of spaces, whichever come first.

I understand that this event will be held outdoors, rain or shine. No refunds will be given. I understand that all solicitation must be confined to my booth space. Vendors will be required to set up at their assigned space(s) and will not, under any circumstances, be allowed to set up their space outside of their assigned area. I understand that I must check in at my assigned time as designated in my confirmation packet, which I will receive shortly after September 15, and I must remain on site until breakdown at 4p.m. I understand that **NO UNAUTHORIZED VEHICLES WILL BE ALLOWED ON SITE BETWEEN 10 a.m. and 4 p.m.** We are able however, to arrange for supply drop off during the course of the day. Those details will be worked out as we get closer to the event. Please note that if you are going to use charcoal – you/your business are responsible for removing the charcoal from TCNJ campus safely. See above paragraph regarding special permit needed for charcoal usage.

I understand that if I or anyone associated with my group, company, business, partnership, or organization fails to comply with the rules and regulations outlined in the application packet, we may be asked to leave the event. I certify that I am at least 18 years of age and authorized to execute this agreement on behalf of myself and my group, company, business, partnership, or organization. I also agree to indemnify and hold harmless the Community Fest Committee, the Township of Ewing, The College of New Jersey, their directors, employees, agents, representatives, servants, and anyone else connected with Community Fest from all damages, liabilities, costs and expenditures, including attorney's fees and costs of defense, which may occur by reason of participation in Community Fest. I also give permission to the Community Fest Committee to use photographs of the booth and all personnel/volunteers associated with the booth to be used for, but not limited to, publications, event programs, magazines, and Internet and television promotions. *The Community Fest Committee reserves the right to make changes to the guidelines.*

I have read, understand, and will comply with all the stated rules and regulations contained hereto.

Signature: _____ Date: _____

Please mail this completed form with a check made payable to "Community Fest" to:

Community Fest
c/o The Township of Ewing
2 Jake Garzio Drive
Ewing, NJ 08628

For Committee Use Only

Date received: _____ Application Number: _____

The Township of Ewing Board of Health

MUNICIPAL COMPLEX: 2 JAKE GARZIO DRIVE, EWING, NJ 08628 (609)-883-2900 X 7691 HEALTH DEPARTMENT FAX 609-883-0215

2018 APPLICATION TO OPERATE AT TEMPORARY FOOD ESTABLISHMENT EVENT

ESTABLISHMENT NAME: _____

LICENSE #: _____ (FOR DEPT. USE ONLY)

ADDRESS: _____ ZIP CODE: _____

PHONE #: _____

OWNERSHIP: INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐

PHONE AFTER HOURS: _____

OWNERS NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

DATE OF APPLICATION: _____

INSPECTOR: _____

TYPE OF BUSINESS: (PLEASE CIRCLE ONE)

TEMPORARY MOBILE

IF TEMPORARY: NAME OF EVENT: _____ LOCATION OF EVENT: _____

DATES OF EVENT: _____

Temporary Retail Food Establishment Fees:

\$50.00 Fee Weekdays (M-F) ☐

\$80.00 Fee Weekend (S/S & Holidays) ☐

IF MOBILE: LICENSE PLATE NUMBER: _____ STATE: _____

CAR INSURANCE INFORMATION _____

CAR REGISTRATION INFORMATION _____

Mobile Unit: (Make _____ Model _____ Year _____)

MENU: _____

I CERTIFY TO THE BEST OF MY KNOWLEDGE ALL FACTS AND DATA SUPPLIED ARE TRUE AND CORRECT.

SIGNATURE OF APPLICANT: _____ **DATE** _____

******COMPLETE BOTH SIDES******



FOOD SUPPLY INFORMATION: Provide food supplier information for PREPARED FOOD not prepared on the Mobile Food Unit or at the Temporary Event on site. Information must be provided for each food item if more than one food establishment provides prepared food. Attach extra information if needed.

Business Name of the Prepared Food Supplier:

Street: _____

Phone: _____

City: _____

State: _____ Zip: _____

COMMISSARY/SERVICING AREA INFORMATION

1. Do you operate from a commissary on a daily basis? ____YES ____NO

If no, explain:

2. Do you report back to the commissary at the end of the day for all cleaning, servicing operations and waste disposal? ____YES ____NO

If no, explain:

3. Is this commissary inspected by the Ewing Township Health Department? ____YES ____NO

4. If no, please provide a copy of a recent inspection report for the commissary.

Name of regulatory agency that inspects the commissary:

Business Name or Commissary Owners Name:

Street: _____

Phone: _____

City: _____

State: _____ Zip: _____

The above Commissary is used for the following:

____Food ____Water ____Supplies

____ Cleaning of equipment/utensils

____ Storage of vendor unit

____ Waste disposal

____ Repairs of vendor unit

Note: COPY OF COMMISSARY AND/OR INSPECTION REPORTS MUST BE AVAILABLE FOR HEALTH DEPARTMENT REVIEW.

Date: _____

Signature of Commissary Owner/Operator: _____



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FOOD VENDOR REQUIREMENTS FOR TEMPORARY EVENTS

THIS LIST SUBJECT TO CHANGE & UPDATING BY EWING TWP. HEALTH DEPARTMENT.

- **BE FAMILIAR WITH CHAPTER 24 (NJAC 8:24)**
www.state.nj.us/health/eoh/foodweb : “Sanitation in Retail Food Establishments and Food and Beverage Vending Machines” & **ADHERE TO IT’S REQUIREMENTS**
- **NEED MANAGER’S FOOD SAFETY CERTIFICATION (RISK TYPE 3 ESTABLISHMENTS: Has an extensive menu which requires the handling of raw ingredients and is involved in the complex preparation of menu items that includes the cooking, cooling, and reheating of at least three or more potentially hazardous foods) ---- PROVIDE COPY**
- **PROVIDE COPY OF: DRIVER’S LICENSE, VEHICLE REGISTRATION & INSURANCE CARD**
- **NO BARE HAND CONTACT WITH FOOD -----
GLOVES, UTENSILS, FOOD HANDLING PAPERS, ETC. MUST BE USED**
- **PROVIDE HOT WATER, SOAP & PAPER TOWELS FOR HANDWASHING**
- **USE HAND SANITIZER AFTER WASHING HANDS IF NO HOT WATER AVAILABLE**

- **PROVIDE CHLOROX WIPES, BLEACH & WATER OR OTHER SURFACE SANITIZER FOR CLEANING & SANITIZING ALL WORK SURFACES & UTENSILS**
- **PROVIDE & USE STEM THERMOMETER TO CHECK INTERNAL TEMPERATURE OF ALL COOKED FOOD ITEMS**
- **KEEP MEAT /PERISHABLES COLD (41 DEGREES F OR BELOW) ---KEEP THERMOMETER INSIDE ICE CHEST / REFRIGERATOR OR FREEZER**
- **NEED COPY OF MENU**
- **COOK HOT FOODS TO 165 DEGREES F OR REHEAT IN OVEN OR ON STOVE PRIOR TO PLACING IN STEAM TABLE OR HOT HOLDING UNIT**
- **IF TEMPERATURE OF FOOD ITEMS IN HOT HOLDING UNIT FALLS BELOW 135 DEGREES F--- USE OR DISCARD WITHIN 4 HOURS**
- **WASH / RINSE / SANITIZE DISHES & UTENSILS**
- **NEED CHLORINE/BLEACH or QUATERNARY AMMONIUM (QUATS) TO SANITIZE IN 3 BAY SINK**
- **NEED TEST STRIPS TO TEST SANITIZING SOLUTION IN 3 BAY SINK --- (BLEACH 50-100 PPM OR QUATS 150 - 400 PPM)**
- **WHERE ARE SUPPLIES / FOOD COMING FROM???**
- **NEED A COMMISSARY FOR PREPARING FOOD, STORING FOOD, WAREWASHING & CLEANING/RESTOCKING VEHICLE ***THIS FACILITY MUST BE INSPECTED BY LOCAL AUTHORITIES**

- **NEED A LETTER FROM THE FACILITY GRANTING YOU PERMISSION TO USE IT (OR LAND)**
- **NEED A COPY OF COMMISSARY'S FOOD HANDLING LICENSE FROM THE APPROPRIATE TOWNSHIP / COUNTY AND THEIR LAST INSPECTION REPORT**
- **NEED A COPY OF YOUR LICENSE & LAST INSPECTION REPORT IF YOU ARE LICENSED IN ANOTHER TOWNSHIP / COUNTY**
- **NEED TO APPLY FOR A EWING TWP. FOOD HANDLER'S LICENSE W/ THE EWING TWP. HEALTH DEPT. @ ((609)883-2900, ext. 7695 OR GO TO WEBSITE (ewingnj.org))**
- **NEED TO APPLY FOR A EWING TWP. MOBILE FOOD LICENSE W/ THE EWING TWP. CLERK'S OFFICE @ ((609)883-2900, ext. 7657 (BRIANA) OR GO TO WEBSITE (ewingnj.org))**
- **DO YOU HAVE A HOOD, SUPPRESSION SYSTEM OR OPEN FLAME COOKING (I.E. PROPANE OR OTHER FLAME SOURCE) INSIDE/OUTSIDE YOUR TRUCK/TEMPORARY EVENT AREA?**

IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS, YOU MAY REQUIRE A FIRE SAFETY PERMIT AND SHOULD CONTACT FIRE PREVENTION IN EWING TWP. CODE ENFORCEMENT (LISA LITZ @ 883-2900, EXT. 7677 OR JIM HALL @ 883-2900, EXT. 7179).

FAILURE TO DO SO COULD RESULT IN FINES BEING ISSUED BY EWING TWP. CODE ENFORCEMENT



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Hello,

My name is Carol Martin and I am the Health Inspector for Ewing Twp.

I have been notified that you will be participating in a temporary retail food event in Ewing Township.

We need to get you licensed for this event.

You will need 2 licenses from Ewing Twp:

- Temporary Retail Food License from the Health Department (**\$50 for a 1 day weekday license / \$80 if on weekend....application and requirement attached to this email**)
- Mobile Food Trucks can obtain a yearly license for \$60 (truck must be brought to Twp. for inspection....request this application if interested)
- Mobile Food License from the Clerk's Department (**please contact Briana@ (609) 883-2900, ext. 7657 to apply for this license**)

The Township licenses need to be applied for asap, as a minimum of 30 days advance notice is required for processing of licenses.

Health requires that all required documentation be provided to our office in advance, preferably scanned and emailed to my email address as stated below.

Any State fire licensing requirements should be handled thru TCNJ's event coordinator.

Any Twp. fire licensing requirements should be handled thru Ewing Twp. Code Enforcement (Jimmy Hall @ 883-2900, ext. 7179) {required if open flame to be used}.

Thank you in advance for your prompt attention to this matter. Please do not hesitate to contact me with any questions.

Carol Martin, REHS (Ewing Twp. Health Inspector)
(609) 883-2900, ext. 7695 cmartin@ewingnj.org