



**SATURDAY, SEPTEMBER 21, 2019**  
**COMMUNITY FEST At THE COLLEGE OF NEW JERSEY**  
**10 a.m. to 4p.m. (Rain or Shine)**

**FOOD VENDOR RESERVATION FORM**

(Please print clearly)

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

\_\_\_ 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 if I 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?

1<sup>st</sup> Choice:

2<sup>nd</sup> Choice:

3<sup>rd</sup> Choice:

## Guidelines for Participation

**Food Vendors are required to complete the Ewing Township Health Permit Application.** Applications are available at the Community Fest website ([www.tcnj.edu/comfest](http://www.tcnj.edu/comfest)). 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.***

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 8th, 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

BERT H. STEINMANN, MAYOR

JAMES P. McMANIMAN, BUSINESS ADMINISTRATOR

### **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](http://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](http://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](http://ewingnj.org)))**
- **PLEASE APPLY FOR ALL LICENSES 30 DAYS IN ADVANCE OF EVENT DATE**
- **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**



## The Township of Ewing Board of Health

BERT H. STEINMANN, MAYOR

JAMES P. McMANIMON, BUSINESS ADMINISTRATOR

### TEMPORARY MOBILE EVENT / SEASONAL FARMERS MARKET APPLICATION LICENSE APPLICATION

Name of Establishment: \_\_\_\_\_  
 Address of Establishment: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name of Owner: \_\_\_\_\_  
 Address of Owner: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Event: \_\_\_\_\_  
 Event Location: \_\_\_\_\_  
 Event Date(s): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours: \_\_\_\_\_  
 Event Sponsor/Coordinator Name: Last: \_\_\_\_\_ First: \_\_\_\_\_  
 Sponsor/Coordinator Email: \_\_\_\_\_ @ \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
 Commissary Name: Last: \_\_\_\_\_ First: \_\_\_\_\_  
 Commissary Location: \_\_\_\_\_  
Address City State Zip

If Mobile Vehicle:  
 License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_  
 Vehicle Insurance Information: \_\_\_\_\_

Temporary Mobile Event Fee:  
 Weekdays (Monday-Friday) -----\$50.00   
 Weekend(Saturday/Sunday) & Holidays -----\$80.00   
 Seasonal Farmers Markets Fee:  
 April 1<sup>st</sup> – October 31<sup>st</sup> -----\$80.00

**The undersigned applicant agrees to operate aforementioned food handling establishment in accordance with the provision of N.J.A.C 8:24 "Sanitation in Retail Food Establishment and Food and Beverage Vending Machines", the governing Code for the State of New Jersey and any local Ordinances**

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

Applicants Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_  
 Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE ONLY**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Fee Collected: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Credit Card: \_\_\_\_\_  
 Health Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (PAYMENT SHALL BE MADE TO THE TOWNSHIP OF EWING)