



**Saturday, October 18, 2025 · 10 a.m. to 4 p.m. (rain or shine)**

### **FOOD VENDOR OPPORTUNITY**

**Ewing Township and The College of New Jersey are partnering for Community Fest.** It is the area's largest festival of the year and enthusiasm continues to grow. The day's events will be centrally located on The College of New Jersey's campus.

We are currently in search of approximately 10 food vendors, each selling different items. Food vendors will be contained in a nearby parking lot, specifically set up to accommodate their needs (easy access for attendees, tables, trash receptacles, etc.).

If you are interested and would like to apply to reserve a space, please complete the attached food vendor reservation form (also found at [communityfest.tcnj.edu/home/#forms](https://communityfest.tcnj.edu/home/#forms)).

**Please note the following:**

- **Food vendors must be self-contained**
- **Electricity will not be provided**
- **DCA Division of Fire Safety Permit is required (if applicable)**
- **Ewing One-Day Health Permit is required (no charge)**

There is a \$100 fee for participation. Please send the completed form and check made payable to *Community Fest* to:

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

In an effort to provide a diverse offering of food, every effort is made to prevent duplicate offerings. Upon receipt of the attached forms, your application, including food offering, will be reviewed and you will be notified of the foods you are permitted to sell. Once you have been approved, there can be no substitutions for the food offering.

Once your application has been approved, we will mail you a confirmation packet by the end of the first week in September with the information confirming your attendance, including your site location. If you have any questions, please contact me or visit the Community Fest website at [tcnj.edu/commfest](https://tcnj.edu/commfest).

Raj Manimaran  
**Community Fest Committee**  
The College of New Jersey  
P) 609.771.2981  
E) [raj.manimaran@tcnj.edu](mailto:raj.manimaran@tcnj.edu)



**Saturday, October 18, 2025 · 10 a.m. to 4 p.m. (rain or shine)**

## **FOOD VENDOR RESERVATION FORM**

(Please print clearly)

Group/Organization Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please initial:

\_\_\_ I wish to reserve a space for \$100.

\_\_\_ Dimensions of self-contained booth/vehicle: \_\_\_\_\_ ft. by \_\_\_\_\_ ft.

\_\_\_ I understand that **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?

1st Choice: \_\_\_\_\_

2nd Choice: \_\_\_\_\_

3rd Choice: \_\_\_\_\_

## Guidelines for Participation

**Food vendors are required to complete the Ewing Township Health Permit Application.** Applications are available at the Community Fest website ([communityfest.tcnj.edu](http://communityfest.tcnj.edu)) or visit [ewingnj.org/departments/health](http://ewingnj.org/departments/health) and fill out the online form. 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 it 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. Understand that I must check in at my assigned time as designated in my confirmation packet, which I will receive in the first week of October, and I must remain on-site until breakdown at 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 use charcoal, you/your business are responsible for safely removing the charcoal from TCNJ's campus. See the above paragraph regarding the special permit needed for charcoal usage.

I understand that we may be asked to leave the event 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. 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 send the completed form and 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. McMANIMON, BUSINESS ADMINISTRATOR

### **MOBILE 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. 7693 OR GO TO WEBSITE ([ewingnj.org](http://ewingnj.org)))**
- **NEED TO APPLY FOR A EWING TWP. APPLICATION FOR MOBILE RETAIL FOOD ESTABLISHMENT LICENSE W/ THE EWING TWP. CLERK'S OFFICE @ ((609) 883-2900, ext. 7609 OR GO TO WEBSITE ([ewingnj.org](http://ewingnj.org))).**



Stephanie Mendelsohn  
Health Director

W. Allen Lee  
Health Officer

## The Township of Ewing Board of Health

BERT H. STEINMANN, MAYOR

AARON T. WATSON, BUSINESS ADMINISTRATOR

### MOBILE FOOD TRUCK/TEMPORARY MOBILE EVENT APPLICATION \_\_\_\_\_ (Yr.)

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: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

If Mobile Vehicle:

License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle Insurance Information: \_\_\_\_\_

Vehicle Registration Information: \_\_\_\_\_

### Menu:

DETAILED MENU ITEMS	HOT / COLD / UNPREPPED	EQUIPMENT USED TO PREPARE	EQUIPMENT USED TO STORE	POTABLE WATER

\*Please note, a food safety manager level certification must be submitted for any risk type 3 establishments. This includes any establishment that 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.

**Commissary 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 ☐ NO4. 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.*

Signature of Commissary Owner/Operator: \_\_\_\_\_ Date: \_\_\_\_\_

Annual Mobile Truck Fee: -----\$150.00 ☐Temporary Event Fee: -----\$75.00 ☐

The undersigned applicant agrees to operate the 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)



**APPLICATION FOR MOBILE RETAIL FOOD ESTABLISHMENTS LICENSE**

**TOWNSHIP OF EWING – CLERK'S OFFICE**

**2 JAKE GARZIO DRIVE – EWING, N.J. 08628**

Phone 538-7609 Fax 771-0480

**COMPANY INFORMATION**

**COMPANY NAME** \_\_\_\_\_

**Type of Foods to be Sold** \_\_\_\_\_

**Contact/Supervisor** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone#** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**State Registered/incorporated** \_\_\_\_\_ **Registered Agent** \_\_\_\_\_

**Signature of authorized corporate representative** \_\_\_\_\_

**VENDOR INFORMATION**

**VENDORS NAME** \_\_\_\_\_

**PERMANENT RESIDENCE** \_\_\_\_\_

**LOCAL RESIDENCE (IF DIFFERENT)** \_\_\_\_\_

**Telephone #** \_\_\_\_\_

**D.O.B.** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Height** \_\_\_\_\_ **Hair** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Race** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **DMV# / STATE** \_\_\_\_\_

\_\_\_\_\_  
**Have you ever been convicted of a crime, misdemeanor or disorderly persons offense, and if so, please provide date(s) and nature of offense** <sup>No</sup> \_\_\_\_\_

\_\_\_\_\_



Have you ever been denied a canvassing, peddling or soliciting permit? If so, please provide information as to the municipality, approximate year and circumstances:

\_\_\_\_\_

\_\_\_\_\_

**VENDORS INFORMATION**

Vending schedule to take place \_\_\_\_\_

Length of time requested for vending \_\_\_\_\_ Fee: \_\_\_\_\_

Areas to be canvassed during vending \_\_\_\_\_

\_\_\_\_\_

**VEHICLE INFORMATION (all vehicles must be listed)**

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License Plate# \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

List any other municipalities where applicant has engaged in the activities of canvassing, peddling or soliciting: \_\_\_\_\_

Has your license ever been revoked? No \_\_\_\_\_

**REGULATION OF SOLICITORS:** No solicitor shall call at any private residence, which has a sign bearing words to effect that solicitors or peddlers are invited. No solicitor shall solicit before the hours of 9:00 a.m. or after the hour of 9:00 pm

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**POLICE DEPARTMENT**

Approved        YES \_\_\_\_\_ NO \_\_\_\_\_

Remarks \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Chief of Police or Investigating Officer

**HEALTH DEPARTMENT**

Approved        YES \_\_\_\_\_ NO \_\_\_\_\_

Remarks \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Health Official

Photographs (2) 2 ½ x 2 ½: ☐ \_\_\_\_\_

**Peddler, Solicitors & Mobile Retail Food Establishments**

- [1]     Annual License: \$250
- [2]     Weekly License: \$75
- [3]     Daily License: \$30

-Original copy of Sales Tax Certificate  
-Board of Health License attached

**\*Application of Corporations, Partnerships or other entities shall have attached individual statements containing all of the information required by the "Vendor Information" section for each employee or agent who shall engage in the licensed activity; said statements shall be signed and sworn to by each employee or agent and shall be treated, for investigation purposes, as separate applications to engage in a licensed activity.**