Dear Vendor,

Thank you for your interest in vending at the 2019 Hollystock Music & Arts Festival! This year’s event will feature local music, vendors, crafts and more, all at the heart of our beautiful historic downtown.

Attached please find the forms that you will need to submit in order to vend at this year’s event. Before doing so, please read the following information and instructions thoroughly.

- All vendors agree through their participation in this agreement and application, to have their space complete and operational during all hours designated for Hollystock. The hours of operation are Saturday, September 21, 2019 from noon – 7:00 p.m. Set up time begins at 10 AM, your area needs to be “show-ready” by 11:30 a.m. Vendors MAY NOT begin breakdown of their merchandise or booths until the close of the event.

- Submission of this application does not guarantee participation in the event. We will review your application and will approve or decline via email. To be considered as a vendor, you must complete and submit all required pages of the application below.

- The food vendor fee **to be included with your application** is:

  - 10’ x 10’ open space (standard): $200
  - 10’ x 15’ open space: $250
  - 10’ x 20’ open space: $300

  A portion of these fees covers your township vendor permit cost – please only write one check for the amount due to Main Street Mount Holly – we will then pay the township fees for vendors directly.

- All fees must accompany the application. Please mail the following items to:

  Hollystock c/o Main Street Mount Holly
  PO Box 747
  Mount Holly, NJ 08060

  - [ ] Completed Mt. Holly Township Application for Vendor Permit Form
  - [ ] Completed Burlington County Health Dept. Mobile Retail Food Establishment Application **OR (for vendors who have received full prior approval from a Health Department)** Burlington County Mobile Retail Food Application Amendment
  - [ ] Copy of New Jersey Certificate of Authority for mobile vendor/company (sales tax document)
  - [ ] Copy of Driver’s License
  - [ ] Copy of Vehicle Registration (for all mobiles regardless of type of unit)
Copy of Vehicle Insurance Card
Certificate of Insurance naming Mt. Holly Twp. and Main Street Mount Holly as additionally insured
Check or money order for the full cost of your space, payable to Main Street Mount Holly

For vendors who have NOT received full prior approval from a Health Department also include:

- Floor Plan: sketch/layout/photo diagram of operation showing all equipment, workspaces
- Water Testing Records (private wells only)
- Copy of Food Protection Managers Certification, if required
- Employee Health & Hygiene Written Policy—include instructions for hand washing, sick employee restriction, smoking, work attire, jewelry & artificial nail and nail polish
- Copy of Servicing Area’s Last Inspection Report if NOT inspected by the THIS Health Dept.

- **Deadline for receipt of application, payment and all required documents is noon on Friday, August 30th, 2019 (sorry, no exceptions)**

- Free standing, self-contained displays (i.e. kiosks, tents and trailers) are subject to approval by event organizers. All structures must be in good condition without any tears, holes, or faded colors. They must be safely weighted down in the event of wind and/or rain. There can be no drilling or staking into the ground at the event site

- **Organizers will place vendors as deemed most safe & efficient during set-up and positioned as to not block or compete with our downtown restaurants and store fronts. No exceptions**

- Vendor fee does not include tables, chairs, canopies, power, water or any other services or supplies

- Vendors may only display and sell those items approved and specified in this application

- Vendors may not transfer, let, sublet, share, or sell their contracted booth space

- Mount Holly Township, Main Street Mount Holly, event organizers nor volunteers shall not be liable or responsible for any claims or causes of action arising from the acts of volunteers, employees and members of the Lessee for any claim arising from damage to the person or property of the Lessee, or persons attending Hollystock, by reason of the use thereof, by the Lessee. Mount Holly Township, Main Street Mount Holly, event organizers nor volunteers shall not be liable or responsible for any damage to the property of the Lessee, or to any person bringing property onto the event site, caused by water, rain, gas or electricity, which may leak onto the event site or issue from pipes or plumbing or wires or from any employee, facility, or equipment at the event site. Should the vendor’s equipment or supplies be destroyed or damaged by fire, or by the elements, mob, riot, war or civil commotion, or any part of the vendor’s equipment or supplies be impractical for use, by any cause, the Township, Main Street Mount Holly, event organizers and/or volunteers may, at their discretion, terminate and void this agreement, in which event, we shall return to the Lessee, any deposit or payment made in accordance with the terms of this agreement, and the Lessee expressly waives any claim for damage or compensation, should this agreement be so terminated. Mount Holly Township, Main Street Mount Holly, event organizers nor volunteers shall be responsible for the theft, loss or damage to Lessee’s property or property belonging to anyone with whom the Lessee may have contractual relations, as to the use or part use of the event site.
• Please email any questions to msmhnj@gmail.com.com

Kim Burkus
Vendor Coordinator
Hollystock
Ph: 609-865-9121
Email: msmhnj@gmail.com
www.MainStreetMountHolly.org
PO Box 747, Mount Holly, NJ 08060
Application for Vendor’s Permit

Event: ___________________________________________  Event Date: ________________

Applicant Information

Name: ______________________________________________________________________________

Address: __________________________________________________  Phone #: ________________

Date of Birth: ___________________________  Social Security #: ______________________________

Driver’s License # _____________________________________________________________________
(Please include a copy of your driver’s license with this application)

Any Prior Convictions of Federal, State or Municipal Offenses: YES_________  NO _____________

If yes, please provide details: ____________________________________________________________________________

____________________________________________________________________________________

Business Information:

Business Name: _____________________________________________________________________

Business Address: _____________________________________________________________________

Business Phone #:_________________________  # of Spaces: ________________________

Type of Business: _____________________________________________________________________
(If food, please submit a current County Health Inspection with this application.)

Items to be Sold: _____________________________________________________________________
(All vendors are responsible for keeping the trash in their area cleaned up. Mount Holly Township reserves
the right to remove any vendor for violation of the event rules.)

Insurance Company: ________________________________
(Please provide a certificate of business insurance with this application.)
Vehicle Information

Vehicle Make: __________________________________ Model: ___________________ Color: ___________________

Vehicle Registration Number: _______________________________ Plate #: __________________________

Vehicle Insurance Co. ______________________________  Policy #: ________________________________

(Please provide a copy of the vehicle registration and insurance with this application.)

_________________________________________  ________________________________
Date                                                Signature of Applicant

Required Documentation-Permit will NOT be issued without the following:
Copy of Driver’s License
Copy of Vehicle Registration and Insurance card
Board of Health Inspection (If applicable)
Certificate of Insurance naming Mt. Holly Twp. additionally insured

Application Fee: $50.00 for Non-Food Vendors; $100.00 for Food Vendors (please make checks payable to Mount-Holly Township). Please do not send a check payable to, or mail directly to, Mount Holly Township. Township fees are included in the total fee outlined above, Main Street Mount Holly will pay the township directly.

Please send to: Township Clerk, Nikima S. Newsome
Mount Holly Township
23 Washington Street
Mount Holly, NJ 08060
Telephone: (609) 845-1101
Fax: (609) 267-8155
Email: nnewsome@twp.mountholly.nj.us
Date Received: ____________________

Application must be submitted at least 10 business days prior to proposed operation.

MOBILE RETAIL FOOD ESTABLISHMENT APPLICATION

☐ SEASONAL  ☐ ANNUAL  ☐ TEMPORARY/SPECIAL EVENT

PART 1 TO BE COMPLETED BY FOOD VENDOR

MOBILE VENDOR BUSINESS INFORMATION

Trading Name of Mobile Vendor: ________________________________________________________________
Owner/Corporation: ________________________________________________________________________
Street Address: ____________________________________________________________________________
City: __________________________________ State: _____________ Zip: __________
Mailing Address: (if different) ________________________________________________________________________________
Home Phone#: ___________________ Cell#: __________________ Fax#: __________________
Email: ___________________________________________________________________________________

Contact Person: ____________________________ Phone#: __________________ Cell#: ________________
Email: __________________________________________
NJ Sales Tax Document Attached (Certificate of Authority): __________________________

TYPE OF MOBILE UNIT (CHECK ALL THAT APPLY)

☐ Push Cart  ☐ Tabletop/Tent  ☐ Food Preparation Vehicle  ☐ Trailer  ☐ Refrigerated Vehicle  ☐ Other:

<table>
<thead>
<tr>
<th>Sanitation/Personal Hygiene</th>
<th>Other Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Hot/cold Running Water</td>
<td>☐ Trash Container</td>
</tr>
<tr>
<td>☐ Freshwater Container _____ gals</td>
<td>☐ Sneeze Guards</td>
</tr>
<tr>
<td>☐ Wastewater Container _____ gals</td>
<td>☐ Extra Utensils</td>
</tr>
<tr>
<td>☐ Hand Sink w Warm Running Water</td>
<td>☐ Covered Containers</td>
</tr>
<tr>
<td>☐ Insulated Container w Free Flow Spout</td>
<td>☐ Foil, Plastic Wrap</td>
</tr>
<tr>
<td>☐ 3 Compartment Sink w hot/cold running water</td>
<td>☐ Thermometers</td>
</tr>
<tr>
<td>☐ Buckets/Spray Bottles w/ Sanitizer</td>
<td>☐ Sanitizer/test kit</td>
</tr>
<tr>
<td>☐ Gloves ☐ Paper Towels ☐ Soap</td>
<td>☐ __________________</td>
</tr>
</tbody>
</table>

MOBILE FOOD UNIT OPERATION SCHEDULE (CHECK/LIST ALL THAT APPLY)

Where will you serve food (Towns/Counties): ______________________________________________________


Days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Times of Operation: M________ Tu________ W________ Th________ F________ Sa________ Su________

If Temporary/Special Event(s):

Name of Event(s): __________________________________________________________

Days & Times at the Event:

Event Contact Person: __________________________________________________________
Email: ___________________________ Phone: ___________________________
**MOBILE UNIT NAME:**

**DESCRIPTION OF FOOD OPERATION:**
- No Home Prepared Foods Allowed
- Live Clams, Mussels, Oysters Must Have Tags On-Site And Available For 90 Days
- Receipts For All Foods Must Be Available For Inspection At Event

<table>
<thead>
<tr>
<th>List EVERY Food &amp; Drink &amp; how many servings of each item</th>
<th>If this item is PREPARED using RAW ANIMAL or PLANT products, list those ingredients</th>
<th>Where did you buy this item? List STORE, PHONE # &amp; ADDRESS</th>
<th>Prepared at Vending site (V) or Servicing Area (SA)?</th>
<th>Cooked at Vending site (V) or Servicing Area (SA)?</th>
<th>How do you COOK this food item? List EQUIPMENT USED &amp; POWER SOURCE</th>
<th>How do you quickly cool the food item? List COOLING EQUIPMENT USED &amp; POWER SOURCE</th>
<th>How do you keep the food item hot? List HOT HOLDING EQUIPMENT USED &amp; POWER SOURCE</th>
<th>How do you keep the food item cold? List COLD HOLDING EQUIPMENT USED &amp; POWER SOURCE</th>
<th>If reheating item for hot holding, List REHEATING EQUIPMENT USED &amp; POWER SOURCE</th>
<th>How do you keep the food item cold? List COLD HOLDING EQUIPMENT USED &amp; POWER SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Chicken Tenders, 50</td>
<td>Raw Chicken</td>
<td>XYZ Butcher Shop, 451-0000 # Landis Ave XYZ City, NJ</td>
<td>SA</td>
<td>SA</td>
<td>Oven, Natural Gas</td>
<td>Walk-in Refrigerator, Electric</td>
<td>Chafing Pan, Gas</td>
<td>Fryer, Gas</td>
<td>Refrigerator, Electric</td>
<td></td>
</tr>
<tr>
<td>Example: Meatball Subs, 75</td>
<td>Precooked prepackaged Meatballs</td>
<td>XYZ Butcher Shop, 451-0000 # Landis Ave XYZ City, NJ</td>
<td>V</td>
<td>V</td>
<td>Grill, Gas</td>
<td>N/A</td>
<td>Crockpot, Electric</td>
<td>Grill, Gas</td>
<td>Freezer &amp; Refrigerator, Electric</td>
<td></td>
</tr>
</tbody>
</table>
MOBILE UNIT NAME: ___________________________ DATE: ___________________________

PART 2 - TO BE COMPLETED BY SERVICING AREA OWNER/MANAGER

SERVICING AREA BUSINESS INFORMATION

Trading Name of Servicing Area ___________________________ Sales Tax ID# ___________________________
Owner/Corporate Name ___________________________ ___________________________
Address: ___________________________
Last Inspection Date ___________________________ Fax # ___________________________
☐ Copy of last inspection report if establishment is NOT inspected by THIS Department of Health

I PROVIDE THE FOLLOWING FOODS FOR THIS MOBILE UNIT (CHECK ALL THAT APPLY):

☐ Packaged Foods ☐ Water Supply ☐ Prepared Hot Foods ☐ Raw Fruits and vegetables
☐ Beverages ☐ Ice for consumption ☐ Prepared Cold Foods ☐ Raw Meats and/or Seafood
☐ Other ___________________________

I PROVIDE THE FOLLOWING SERVICES FOR THIS MOBILE UNIT (CHECK ALL THAT APPLY):

☐ Space for mobile operator to prepare foods
☐ Refrigerated storage of perishable foods (raw fruits & vegetables, etc.)
☐ Refrigerated storage of potentially hazardous food (raw or cooked meat, shellfish, dairy, cooked vegetables, raw seeds or sprouts, cut melons, non-acidified garlic and oil mixtures, etc)
☐ Storage of non-hazardous foods, utensils & equipment
☐ 3 compartment sink for wash, rinse and sanitizing of food contact surfaces
☐ Trash and garbage disposal
☐ Waste water disposal
☐ Grease/oil disposal

THE MOBILE OPERATOR REPORTS TO MY FACILITY (CHECK ALL THAT APPLY):

☐ Beginning of the day ☐ End of the day ☐ Other ___________________________
Time _________ Time _________ Time _________

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

I hereby certify that I am familiar with the State law (N.J.A.C. 8:24) requiring that all mobile retail food establishments operate from an approved base location (otherwise known as a “servicing area”) and that all mobile units/vehicles return daily to such location for vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food.

AND

I hereby certify that the above listed information is correct. I also understand that the home preparation and storage of food, or the cleaning of equipment or utensils used in this mobile operation is prohibited as per N.J.A.C. 8:24-3.1 and 8:24-3.2 and is subject to penalties, fines and possible license forfeiture. If any changes in my operation occur, I agree to notify the Health Department immediately.

Mobile Owner/Operator (print) ___________________________ Date ___________________________
Mobile Owner/Operator (signature) ___________________________

Servicing Area Owner/Operator (print) ___________________________ Date ___________________________
Servicing Area Owner/Operator (signature) ___________________________
MOBILE UNIT NAME ______________________________________ DATE: ______________________

**ATTACHMENT CHECKLIST (SUBMIT ALL WITH APPLICATION)**

☐ Copy of New Jersey Certificate of Authority for mobile vendor/company (sales tax document)
☐ Copy of Driver’s License (for all mobiles regardless of type of unit)
☐ Copy of Vehicle Registration (for all mobiles regardless of type of unit)
☐ Floor Plan: sketch/layout/photo diagram of operation showing all equipment, workspaces, restroom
☐ Water Testing Records (private wells only)
☐ Copy of Food Protection Managers Certification, if required
☐ Employee Health & Hygiene Written Policy - include instructions for hand washing, sick employee restriction, smoking, work attire, jewelry & artificial nail and nail polish
☐ Copy of Servicing Area’s Last Inspection Report if NOT inspected by the THIS Health Dept.

**MOBILE UNIT NAME**

**BELOW SECTION IS FOR OFFICIAL USE ONLY:**

APPROVED: DATE: ______________________ EXPIRATION DATE: ______________________

Classified Risk Type: ☐ Risk 1 ☐ Risk 2 ☐ Risk 3 ☐ Risk 4 (operations at servicing area only)

Approval Restrictions: ___________________________________________________________

Inspector: ______________________ Approval Effective Date: __________

DISAPPROVED: DATE: ______________________

Classified Risk Type: ☐ Risk 1 ☐ Risk 2 ☐ Risk 3 ☐ Risk 4 (operations at servicing area only)

Reasons for disapproval: __________________________________________________________

Inspector: ______________________

**Mobile Retail Food:** Any moveable unit in or on which food or beverage is stored, prepared or transported for retail sale or given away at temporary locations. Self-contained mobile unit inspections are conducted at your servicing area and at the vending location.

Application approvals [excluding temporary establishments (see below)] expire December 31st each year. A new application must be submitted and approved annually at least 10 business days prior to operation.

**Temporary Event Retail Food Establishment:** A mobile retail food establishment that operates for a period of no more than 14 consecutive days in conjunction with a single event or celebration.

This application must be submitted and approved at least 10 business days prior to the event. Establishments are subject to on-site inspections at the event. Approvals expire in 14 days or at the end of the event. Application amendments may be submitted for future events within the same calendar yr.

**FEES:**

Fees may vary, please check with each Health Department covering the areas that you are vending.
MOBILE UNIT NAME: _________________________________ DATE:____________________

SKETCH/ LAYOUT/ FLOOR PLAN BELOW:
MOBILE RETAIL FOOD APPLICATION AMENDMENT

This application is to be used by vendors who have received full prior approval from a Health Department and plans on participating in a special event.

MOBILE VENDOR BUSINESS AND EVENT INFORMATION

<table>
<thead>
<tr>
<th>Trading Name of Mobile Unit</th>
<th>Owner/Corporation</th>
<th>Street Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail Address</td>
<td>City</td>
<td>State Zip</td>
</tr>
<tr>
<td>Contact Person Name</td>
<td>Phone#</td>
<td>Fax#</td>
</tr>
<tr>
<td>Email</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Approval Date of Last Full Application

County/Municipal Health Agency Issuing the Approval

Temporary Event Information

<table>
<thead>
<tr>
<th>Name of Event</th>
<th>Dates and Time of Event</th>
<th>Event Contact Person</th>
<th>Phone#</th>
</tr>
</thead>
</table>

CHECK THE ITEMS BELOW WHICH HAVE NOT CHANGED:

☐ My set-up has not changed from my original approved application.
   NOTE: If the set-up has changed, page one of the original application must be modified and submitted for approval.

☐ My menu has not changed from my original approved application.
   NOTE: If the menu has changed, page two of the original application must be modified and submitted for approval.

☐ My servicing area has not changed from my original approved application.
   NOTE: If the servicing area has changed, page three of the original application must be modified and submitted for approval.

I hereby certify that I am familiar with the State law (N.J.A.C. 8:24) requiring that all mobile retail food establishments operate from an approved base location (otherwise known as a “servicing area”) and that all mobile units/vehicles return to such location for vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food. I also understand that the home preparation and storage of food, or the cleaning of equipment or utensils used in this mobile operation is prohibited and is subject to penalties, fines and possible license forfeiture. AND, I hereby certify that the above listed information is correct.

Mobile Owner/Operator (print) ________________________________ Date ____________
Mobile Owner/Operator (signature) ________________________________