



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 storefronts. 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 msmhj@gmail.com

Kim Burkus

Vendor Coordinator

Hollystock

Ph: 609-865-9121

Email: msmhj@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: _____

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

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

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

Months: Events Only (see below) Every Month of Yr Selected Months (circle): J-F-M-A-M-J-J-A-S-O-N-D

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: _____ **DATE:** _____

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**

List EVERY Food & Drink & how many servings of each item	IF this item is PREPARED using RAW ANIMAL or PLANT products, list those ingredients	Where did you buy this item? List STORE,PHONE # &ADDRESS	Prepared at Vending site (V) or Servicing Area (SA)?	Cooked at Vending site (V) or Servicing Area (SA)?	How do you COOK this food item? List EQUIPMENT USED & POWER SOURCE	How do you quickly cool the food item? List COOLING EQUIPMENT USED & POWER SOURCE	How do you keep the food item hot? List HOT HOLDING EQUIPMENT USED & POWER SOURCE (No Sterno's)	If reheating item for hot holding, List REHEATING EQUIPMENT USED & POWER SOURCE	How do you keep the food item cold? List COLD HOLDING EQUIPMENT USED & POWER SOURCE
<i>Example:</i> Chicken Tenders,50	Raw Chicken	XYZ Butcher Shop, 451-0000 # Landis Ave XYZ City, NJ	SA	SA	Oven, Natural Gas	Walk-in Refrigerator, Electric	Chafing Pan, Gas	Fryer, Gas	Refrigerator, Electric
<i>Example:</i> Meatball Subs, 75	Precooked prepackaged Meatballs	XYZ Butcher Shop, 451-0000 # Landis Ave XYZ City, NJ	V	V	Grill, Gas	N/A	Crockpot, Electric	Grill, Gas	Freezer & Refrig, Electric



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)

This application must be submitted and approved at least 10 business days prior to the event

- 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.

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.



Burlington County Health Department
15 Pioneer Boulevard, Westampton, NJ 08060
609-265-5515 / Fax: 609-265-5541 www.co.burlington.nj.us

MOBILE UNIT NAME: _____ DATE: _____

SKETCH/ LAYOUT/ FLOOR PLAN BELOW:



Submittal Date: _____

Approved Date: _____

Burlington County Health Department
15 Pioneer Boulevard Westampton NJ 08060
609-265-5515 / Fax: 609-265-5541

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

Trading Name of Mobile Unit _____			
Owner/Corporation _____	Street Address _____		
Mail Address _____	City _____	State _____	Zip _____
Contact Person Name _____			
Home Phone# _____	Cell# _____	Fax# _____	
Email _____			
Approval Date of Last Full Application _____			
County/Municipal Health Agency Issuing the Approval _____			
Temporary Event Information			
Name of Event _____			
Dates and Time of Event _____			
Event Contact Person _____		Phone# _____	

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) _____	