



Dear Vendor,

Thank you for your interest in vending at the 2018 Mount Holly Car Show! This year's event will feature show cars, vendors, live music and activities extending down High Street from the Historic Prison down to Washington Street and onto portions of Washington & Mill Streets. Last year the event was a great success and it is shaping up to be even *bigger* in 2018!

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 the Mount Holly Car Show. The hours of operation are Saturday, June 23, 1:00 p.m. – 5:00 p.m. Set up time begins at 9 AM, your area needs to be “show-ready” by 12:30 p.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

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

Car Show 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., Main Street Mount Holly and High Octane Car Club 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 Wednesday, May 30, 2018 (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 the Mount Holly Car Show, 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](mailto:msmhj@gmail.com)

Kim Burkus  
Vendor Coordinator  
Mount Holly Car Show  
Ph: 609-865-9121  
Email: [msmhj@gmail.com](mailto:msmhj@gmail.com)  
[www.MainStreetMountHolly.org](http://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



## **PROCEDURES FOR OPERATING A MOBILE / TEMPORARY RETAIL FOOD ESTABLISHMENT**

### **APPLICATIONS FOR TEMPORARY EVENTS SHALL BE SUBMITTED NO LATER THAN 10 BUSINESS DAYS PRIOR TO THE EVENT.**

**NOTE:** All food vendors with a current year's inspection report from any member of the SJ Mobile Task Force (Camden, Gloucester, Salem, Cumberland, Vineland & Atlantic) are **NOT** required to submit an application to BCHD. A copy of the approved application and inspection report from the issuing county and a completed Mobile Retail Food Amendment Form will be accepted in lieu of the application. Once received, an Approval to Operate Letter will be issued for vending in Burlington County.

- A Mobile Retail Food Establishment Application (5 pages) must be completed and returned to the Burlington County Health Department (BCHD) prior to operating.  
**(Note: This application includes Temporary Food Facilities such as Tables and Tent set ups).**
- The vendor shall provide proof of an agreement with a SERVICING AREA (BASE OF OPERATIONS). [A commercial kitchen that has been inspected by a local health dept.] (This is page 3 of the application) If this facility is located outside of Burlington County, then a copy of the establishment's MOST RECENT health inspection written report is also required.

**Servicing Areas** are facilities in which food and supplies are prepared, kept, handled, packaged, and/or stored. Also an operating base location to which a mobile retail food establishment or transportation vehicle returns regularly for such things as vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food. **(Private Residences Prohibited)**

- **NJ TAX ID # required-** NJ law requires all vendors, even seasonal businesses and "one-time" vendors, who make retail sales and conducts business in NJ to register with the State for tax purposes and to collect NJ sales tax on all sales of taxable tangible personal property or services. File Form NJ-REG (Business Registration Application) Contact the NJ Dept. of Taxation at 609-292-6400, email [nj.taxation@treas.state.nj.us](mailto:nj.taxation@treas.state.nj.us) or online: [www.state.nj.us/treasury/revenue/gettingregistered.shtml](http://www.state.nj.us/treasury/revenue/gettingregistered.shtml)  
**Publications:** <http://www.state.nj.us/treasury/taxation/publsut.shtml>
- All vendors shall provide a method of handwashing such as running water with soap and paper towels or a hand wash station approved by the BCHD.
- Written Permission from municipalities regarding vending locations may be required prior to BCHD approval.
- An inspection by a representative of the BCHD shall be conducted prior to operating or arrangements shall be made with BCHD for an inspection during an event to determine compliance. Upon completion of a Satisfactory inspection, a written inspection report and Satisfactory evaluation placard will be issued to the vendor.
- The vendor shall then provide a copy of the inspection report and evaluation placard to each municipality serviced, to obtain a food vending license or permit, prior to operating.
- The inspection placard must then be posted in view of the public during all working hours. Annual inspections are required by BCHD, in addition to local Municipal licensing.



**Public Health**  
Prevent. Promote. Protect.

**Department of: HEALTH**  
*Office of Environmental*

Phone: (609) 265-5515  
Fax: (609) 265-5541  
E-Mail: [bchd@co.burlington.nj.us](mailto:bchd@co.burlington.nj.us)

## Board of Chosen Freeholders County of Burlington New Jersey



Physical Address:  
15 Pioneer Boulevard  
Westampton, NJ 08060

Mailing Address:  
49 Rancocas Road  
P.O. Box 6000  
Mount Holly, NJ 08060-6000

Dear Mobile Food Vendor:

If you are planning on operating a retail mobile food vending business in Burlington County, you must fill out an application and submit it to this Department for approval.

As you may be aware, any person or operation that intends to serve food to the public is required by state law to have an approval from the local health department prior to operating. This applies to fixed as well as mobile operations and approval is necessary regardless of whether there is a charge for the food. A Mobile Retail Food Establishment is defined in N.J.A.C. 8:24-1.5 as *“any movable restaurant, truck, van, trailer, cart, bicycle, watercraft, or other movable unit including hand carried, portable containers in or on which food or beverage is transported, stored, or prepared for retail sale or given away at temporary locations”*. This includes “table tops”.

In addition, a “Servicing Area” is defined as *“an operating base location to which a mobile retail food establishment or transportation vehicle returns regularly for such things as vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food”*. FOOD PREPARED OR STORED IN A HOME KITCHEN IS NOT ALLOWED TO BE SERVED TO THE PUBLIC.

Enclosed is a “Mobile Retail Food Establishment Application” and instructions for completing the application. Please note the following:

- If you will be vending in a municipality, participating in a special event, or have a servicing area in Burlington County, you must submit an application prior to operating.
- The application must be signed by both you, as the Mobile Food Vendor, and the Servicing Area Owner.
- The Servicing Area owner must have a current inspection and possess a “Satisfactory” rating. Mobile unit inspections are conducted at the servicing location. If your servicing area is not located in Burlington County, you must contact the Health Department with jurisdiction in that county.
- The “Mobile Retail Food Application Amendment”, which has also been included, must be submitted for each additional special event you will be participating in once your initial “Mobile Retail Food Establishment Application” has been approved.

These documents and other retail food information can also be found on our website at:  
[www.co.burlington.nj.us](http://www.co.burlington.nj.us) (enter “Retail Food Forms” in the search value)

If you need assistance or have any questions, please feel free to contact me at 609-265-5521 or Tyrone Eugene at 609-265-5566. Thank you for your cooperation in this matter.

Very truly yours,

**Kathleen Holmes**  
Kathleen Holmes  
Chief Registered Environmental Health Specialist





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: \_\_\_\_\_

**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 31<sup>st</sup> 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](http://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) _____	