



For Township Use Only	
Received By:	_____
Date Received:	_____
Insurance:	_____
Approved:	YES / NO
Location:	_____

Upper Township

PO Box 205

Tuckahoe, NJ 08250

Sports and Rec Office 609-628-2011 Ext. 248

Event – 2021 UT Fall Festival - Vendor Application

Sunday October 3, 2021 12:00 pm – 5:00 pm

Business or Entity name: _____,

(Please Fill Out ALL that apply)

Food or Beer Vendor \$150 per space 50' long All spots are along the main road	Craft and Event Vendor \$25 per space 20' X 20' All spaces are corners spaces and are separated in quads on the main fair grounds
Quantity of spaces needed – NOTE: Oversized setups and additional equipment will require additional spaces (ie: generators, secondary trailers, etc.)	Quantity of spaces needed Space has accommodations for a family sized car. Larger vehicles and trailers will require two spaces.
Total Amount of for Food Vendor	Total Amount for Non-Food Vendor
\$ _____	Make ALL Checks payable to the Township of Upper

*** Township Approved NON-Profits are exempt from the fees above***

Business Address: _____ City: _____ State: _____ Zip Code: _____

Contact Person Name: _____ Title: _____

Telephone: (H) _____ (C) _____ Email: _____

Description of Sale Items: _____

NOTE 1 - Electrical, Water, and Ice: There will be NO electrical or water supplies available for this event you are to provide your own sources of each. We are working on providing a vendor to purchase Ice from, but that is not a definite and is usually only for a limited time before the event. The Ice will be a separate purchase from that vendor directly and has no relationship with the Township Special Events. NO ice is available from the Township. Initial: _____

NOTE 2 - Date and Times: UT Fall Festival – Sunday October 3, 2021 Start time is 12:00 am and the event will be over at 5:00 pm. Vendors are expected to have completely set up their Event Location by start time. You will be able to access your location at 9:00 am. ALL Vendors will be required to be vacated from the premises by 6:30 pm. It is expected by ALL vendors to leave the Event Location as you found it with regards to trash and condition of area around your display.

Initial: _____



NOTE 3 - Items to be sold: The Township does not provide exclusive rights verbal, written, and or implied to sales of any items during their Special Events. Vendors are encouraged to be original with their ideas and competitive with their pricing to maximize profit potential during these Special Events. There is a strict ban on the following items: **Tobacco, Weapons, Firearms, Fireworks, and Profanity.** These items are strictly prohibited from being sold on Township properties and you will be removed from the event if found selling any of these items. Initial: _____

NOTE 4 – Risk Assessment: The Municipality has the right, in its sole discretion, to deny, limit, or revoke this Vendor Application when in the opinion of the Municipality if the use presents a risk of injury to persons or damage to property of the Municipality or others. Initial: _____

NOTE 5 – Limitation on Vendors: The Municipality has the right to limit the number of vendors based on space availability. Initial: _____

NOTE 6 – Food Vendor Requirements: - All Food Vendors must have a Fire Safety Permit issued by the State of New Jersey Department of Community Affairs Division of Fire Safety and complete and submit the attached Temporary Food Vendor Application to the Cape May County Department of Health and shall follow the attached “Guidelines for Compliance with Chapter 24, Subchapter 8 Temporary Retail Food Establishments” as established by the Cape May County Department of Health. Initial: _____

NOTE 7- Brewery Vendor Requirements: - In Addition to the Food Vendor Requirements you must provide proof of approved APPLICATION FOR LIMITED BREWERY OFF-PREMISES EVENT PERMIT See below application. Failure to provide proof of APPROVED application can result in loss of application fee

NOTE 8 Brewery Vendor Insurance Requirements: Breweries attending the event are to provide evidence of insurance of liquor liability and name the Township as Additional Insured. The limit of insurance to be minimum \$1,000,000 per occurrence. Initial: _____

Insurance Certificate: Attach a copy of certificate of insurance coverage for this activity naming the Township of Upper as Certificate Holder, and Additional Insured and other requirements as specified on attached Exhibit C Insurance Certificate -- _____Attached

I have received a copy of the **Municipality Use of Facilities Agreement** and I agree to abide by and comply with the terms of that Agreement. I hereby certify that the facility will be used in accordance with Upper Township Policy. I further agree to hold harmless Upper Township for any injury or loss arising from the use of this facility.

Signature DATE: _____

Print Name

If more than one person or entity/organization/company

Signing individually and as _____ of: _____
(Role/Title) (Entity/Organization/Company)



EXHIBIT A

Vendor Agreement

Upper Township, PO Box 205, Tuckahoe, NJ 08250, a Municipality of the State of New Jersey, hereinafter referred to as "MUNICIPALITY", hereby agrees to allow:

_____ (Business or Entity), if more than one person or entity, jointly, severally and in the alternative.

Hereinafter referred to as "USER", to use the facilities listed below:

(Name and Location of Vendor)

Hereinafter referred to as "FACILITY (IES)"

For: Amanda's Field
(State the Purpose)

on the following date(s): Upper Township Fall Festival – Sunday October 2, 2021 12:00 pm – 5:00 pm

Use of Facilities Agreement

Upper Township, PO Box 205, Tuckahoe, NJ 08250, a Municipality of the State of New Jersey, hereinafter referred to as "MUNICIPALITY", hereby agrees to allow:

_____ (Name of Person(s) and Organization), if more than one person or entity, jointly, severally and in the alternative.

Hereinafter referred to as "USER", to use the facilities listed below: _____

Amanda's Field
(Name and Location of Facility(ies))

Hereinafter referred to as "FACILITY (IES)" For: Upper Township Fall Festival
(State the Purpose)

on the following date(s): Upper Township Fall Festival – Sunday October 3, 2021

The above USER shall inspect the described FACILITY(IES) prior to the use of the FACILITY (IES) and report any defective, hazardous or dangerous conditions found at the FACILITY(IES) to the Special Events and Recreation Department contact information on bottom of each page of this application.

at MUNICIPALITY, and USER shall immediately cease the use of the FACILITY(IES) until such defective, hazardous or dangerous conditions are remedied. After the use of the FACILITY(IES), USER shall immediately report to the MUNICIPALITY any and all defects, hazards, damages or dangerous conditions upon or adjacent to the FACILITY(IES).



INDEMNIFICATION

USER shall indemnify, save harmless and defend the **MUNICIPALITY**, its elected and appointed officials, its employees, agents, volunteers and others working on behalf of the **MUNICIPALITY**, from and against any and all claims, losses, costs, attorney's fees, damages, or injury including death and/or property loss, expense claims or demands arising out of **USER's** use of the named Facilities, including all suits or actions of every kind or description brought against the **MUNICIPALITY**, either individually or jointly with **USER** for or on account of any damage or injury to any person or persons or property, caused or occasioned or alleged to have been caused by, or on account of, any of the activities conducted by or caused to be conducted by **USER**, or through any negligence or alleged negligence in safeguarding the **FACILITY(IES)**, participants, or members of the public, or through any act, omission or fault or alleged act, omission or fault or alleged act, omission or fault of the **USER**, its employees, agents, volunteers, subcontractors or others under the direction, control or under any contractual relationship with the **USER**.

Insurance

Notwithstanding the indemnification and defense obligations of the **USER**, **USER** shall purchase and maintain such insurance described in the attached schedule (Schedule B) and as is appropriate for the type of use and hazards present and as will provide protection from any and all covered claims which may arise out of or caused or alleged to have been caused in any manner from **USER's** use of the **FACILITY(IES)**, whether it is to be used by the **USER**, its employees, agents, volunteers, subcontractors or others under the direction, control or under any contractual relationship with the **USER** or by anyone for whose acts any of them may be liable.

USER shall be required to name the **MUNICIPALITY** as an "Additional Insured" on the **USER's** policy of commercial general liability insurance, and simultaneously with the delivery of the executed Use of Facilities Agreement (*Exhibit A*), **USER** shall provide the **MUNICIPALITY** with a Certificate of Insurance indicating that the insurance coverage as described in the attached schedule (*Exhibit B*), and as is appropriate for the type of use and hazards present, has been obtained and that the **MUNICIPALITY** has been designated as an "Additional Insured" where required (*see Exhibit C for required wording*). On or before the renewal date of said policy, **USER** shall be required to provide the **MUNICIPALITY** with a Certificate of Insurance indicating the continuation of insurance coverage and designating the **MUNICIPALITY** as an "Additional Insured" for the duration of this agreement.

The schedule of insurance and the limits of liability for the insurance shall provide coverage for not less than the amounts listed in the attached schedule or greater where required by law. Signed by an authorized representative of the **USER** and the **MUNICIPALITY** on this ____ day of _____, 201____.

Applicant

Signature: _____

Print Name: _____

Title: _____

Business Entity: _____

Witness: _____



EXHIBIT B

Schedule of Insurance

Notwithstanding the indemnification and defense obligations of the **USER**, the **USER** shall provide at its own cost and expense proof of the following insurance to the “**MUNICIPALITY**”:

General Liability including Products & Completed Operations Insurance with a minimum combined single limit of liability per occurrence for bodily injury and property damage of one million (\$1,000,000) dollars* with a minimum annual aggregate of two million (\$2,000,000) dollars*.

Breweries attending the event are to provide evidence of insurance of liquor liability and name the Township as Additional Insured. The limit of insurance to be minimum \$1,000,000 per occurrence.

MUNICIPALITY shall be named as an “Additional Insured” which must read as follows:

“Township of Upper, including all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and their board members, employees and volunteers.”

Failure by the **USER** to supply such written evidence of required insurance and to maintain same for the duration of this agreement shall result in default of this agreement and **USER** shall be prohibited from using said **FACILITY(IES)**.

The insurance companies for the above coverage must be licensed by the State of New Jersey and acceptable to the **MUNICIPALITY**. The **USER** shall take no action to cancel or materially change any of the insurance required under this Contract without the **MUNICIPALITY**’s prior approval. The maintenance of insurance under this section shall not relieve the **USER** of any liability greater than the limits or scope of the applicable insurance coverage.

* Above insurance schedule to be prepared in consultation with your Risk Management Consultant as recommended within the JIF Certificate of Insurance Guidelines. Depending on the use of your **FACILITY(IES)**, your RMC may recommend that “Liquor Liability or Host Liquor Liability” coverage be provided by **USER**. For certain uses, it may be recommended that coverage for “Spectators” and/or “Athletic Participants” be required or that Sports Accident coverage be maintained by the **USER**.



Exhibit C

INSURANCE CERTIFICATE REQUIREMENTS

Please provide this sheet to your insurance carrier when ordering a certificate of insurance for the Township of Upper. The requirements listed below must appear on the certificate or it will be rejected.

- Additional Insured must read as follows:
 - **“Township of Upper, including all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and their board members, employees and volunteers.”**

SEE ATTACHED SAMPLE ON NEXT PAGE FOR REFERENCE

**** Attach your insurance certificate with a fully executed copy of this Registration Form. ****



Exhibit D

Cape May County NJ and State of New Jersey Vendor requirements

- **Food Vendor Requirements**
 - **Cape May County Department of Health Temporary Food Vendor License**
 - This is required from ALL Food Vendors
 - See additional attached Applications within this form and Information to assist in setting up as a Food Vendor in Cape May County.
 - **State of NJ Department of Community Affairs – Division of Fire Safety – Temporary Permit**
 - This is required from ALL Vendors who are operating with open flame, use of propane, and or other fuel driven devices that produce heat and or flame.
 - See additional attached directions within this form and information to assist in setting up propane and or other potential fire risk items
- **Beer Vendor Requirements**
 - **LIMITED BREWERY OFF-PREMISES EVENT PERMIT**
 - This is required from ALL Beer Vendors
 - See additional attached Applications within this form and Information to assist in setting up as a Beer Vendor for the Amanda’s Field Event
 - **Cape May County Department of Health Temporary Food Vendor License**
 - This is required from ALL Food Vendors
 - See additional attached Applications within this form and Information to assist in setting up as a Food Vendor in Cape May County.
- **Non-Food Vendor Requirements – If using Propane or other Fire Risk items**
 - **State of NJ Department of Community Affairs – Division of Fire Safety – Temporary Permit**
 - This is required from ALL Vendors who are operating with open flame, use of propane, and or other fuel driven devices that produce heat and or flame.
 - See additional attached directions within this form and information to assist in setting up propane and or other potential fire risk items

KRISTINE GABOR
Freeholder

KEVIN L. THOMAS, M.A.
Health Officer
Public Health Coordinator

JOSEPH R. TORDELLA, D.O.
Medical Director

CAPE MAY COUNTY DEPARTMENT of HEALTH

4 Moore Road
Cape May Court House, N.J. 08210-1601
(609)465-1209 after hours (609) 465-1190
Fax: (609) 465-6564



APPLICATION FOR TEMPORARY FOOD VENDOR

There is a twenty five dollar (\$25.00) per event/site - You will receive a bill **after** you are inspected at the special event.

OWNER/OPERATOR

OWNER HOME ADDRESS

CITY, STATE, ZIP CODE

HOME TELEPHONE

NAME OF BUSINESS

BUSINESS ADDRESS

CITY, STATE, ZIP CODE

BUSINESS TELEPHONE

BUSINESS FAX

E-MAIL ADDRESS

NAME OF EVENT

DATE OF EVENT

MUNICIPALITY OF EVENT

STREET LOCATION OF EVENT

EVENT COORDINATOR

TYPES OF FOODS TO BE SERVED:

GERALD M. THORNTON
Freeholder

KEVIN L. THOMAS, M.A.
Health Officer
Public Health Coordinator

JOSEPH R. TORDELLA, D.O.
Medical Director

CAPE MAY COUNTY DEPARTMENT OF HEALTH

4 Moore Road
Cape May Court House, N.J. 08210-1601
(609)465-1209 after hours (609) 465-1190
Fax: (609) 465-6564



GUIDELINES FOR COMPLIANCE WITH CHAPTER 24 SUBCHAPTER 8 TEMPORARY RETAIL FOOD ESTABLISHMENTS

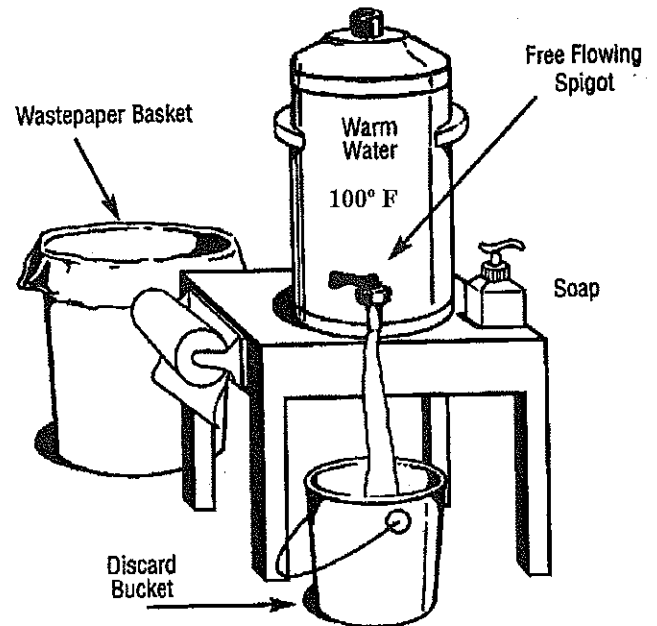
The following guidelines have been established by this Department and must be met during the operation of any Temporary Retail Food Establishment.

- A. No home preparation of foods are permitted
 - 1. Cake sales at churches are exempt.
 - 2. Non-Profit Organizations selling cakes in front of Supermarkets within one day are exempt.
- B. The preparation of potentially hazardous food shall be prohibited, except that hamburgers, frankfurters, sausage and foods with limited preparation, can be served but must be stored in facilities which maintain foods temperatures:
 - i. All potentially hazardous cold foods must be maintained at 41 degrees or below.
 - ii. All potentially hazardous hot foods must be maintained at 135 degrees or above.
- C. Ice, for use as a food or a cooling medium, must be made from drinking water of an approved source.
- D. All foods on display must be protected from contamination, i.e. covered, use of sneeze guards, tongs, etc.
- E. Hand washing facilities must be conveniently located.
- F. Hand washing facilities may contain a large insulated container with lukewarm water and spigot (such as a 5 gallon Igloo Container). A pan will be needed to catch water, so as not to create a nuisance.
 - i. Soap must be available
 - ii. Paper towels must be available.
- G. Floors must be concrete, asphalt, or if dirt or gravel must be covered with mats, removable platforms, duckboards, or other suitable approved materials that are effectively treated to minimize dust and mud.
- H. A small pan of lukewarm water must be available with sanitizing agent to keep food contact surfaces clean **or** a spray bottle of 1 part bleach to 10 parts water.
- I. Must have extra utensils **or** 3 bins to wash, rinse and sanitize and an area, under the tent or umbrella, to air dry.
- J. A covering is required over the food preparation and display areas. This must consist of a tent or umbrellas.
- K. An adequate stem-type indicating thermometer shall be provided and used to assure the maintenance of proper temperatures for cooking, cooling, hot holding and cold holding of potentially hazardous foods.
- L. Single service items must either be in a container with the handles extending out of the container or placed all in one direction in separate containers.
- M. Gloves must be used for all ready to eat foods
- N. Must have a designated person to handle money, only.
- O. Must have Proof of most current yearly inspection, either a copy of inspection report **or** a copy of Rating Placard.

Any other requirement deemed necessary by the Health Authority to protect the Public Health, in view of the particular nature of the food service operation, shall be met (N.J.A.C. 8:24).

HANDWASHING

At least one convenient handwashing facility must be available for handwashing on site at all times. This facility must consist of, at least, a container with 100° F potable running water (via spigot if sinks won't be utilized), a catch bucket for wastewater, soap, individual single-use paper towels, and a trash container for disposal of paper towels. Employees must wash their hands at all necessary times during food preparation and service.

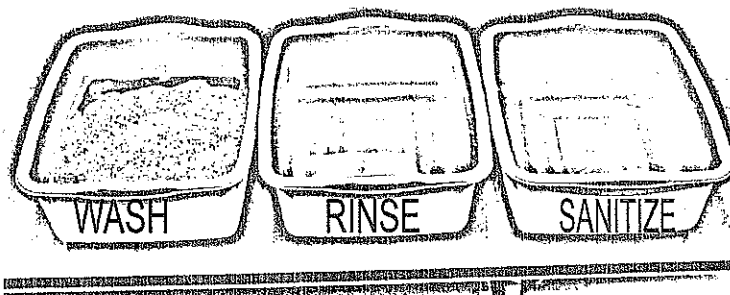


- Prior to starting food handling activities
- After using the restroom
- After sneezing, coughing, blowing your nose, eating, drinking, smoking, or touching a part of the body
- After touching an open sore, boil, or cut
- After handling money or other soiled items
- After taking out the trash or following any activity during which hands may have become contaminated.

DISHWASHING

Facilities must have provisions available to wash, rinse, and sanitize multi-use utensils, dishware and equipment used for food preparation at the site. Proper chemical sanitizer and the appropriate chemical test kit must be provided and used at each site. All dishes and utensils must be air-dried.

PROPER SET-UP



PROPER SANITIZER CONCENTRATIONS

Chlorine
50 - 100 ppm*

Quaternary Ammonia
200 ppm*

Iodine
12.5-25 ppm*

* or as otherwise indicated by the Code of Federal Regulations (CFR) or by the manufacturer of the product.

DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF FIRE SAFETY
PO BOX 809
TRENTON, NEW JERSEY 08625-0809
609-633-6132
609-633-6330 (FAX)

RIMS
Applying for a Temporary Permit
(requesting access to RIMS)



Fire Safety permit applications shall be submitted through our online Registration Inspection Manage System (RIMS).

To request access go to: <http://www.state.nj.us/dca/divisions/dfs/>



Please follow this link
for access to DCA RIMS Online

On the Non Registered Services Tab you want to select:

- Request Access to RIMS Online follow the instructions
- You will be asked to link RIMS to your MY NJ account. If you don't have a MY NJ account then you will be asked to create one
- User Group would be "Facility User"
- Certification Pin is your electronic signature
- Once completed you will log into MY NJ. Under DCA Applications you can find the hyperlink to access DCA RIMS
- Click on Apply for a Permit and follow the instructions for a temporary permit



STATE OF NEW JERSEY
 DEPARTMENT OF LAW AND PUBLIC SAFETY
 DIVISION OF ALCOHOLIC BEVERAGE CONTROL
 P.O. BOX 087, 140 EAST FRONT STREET
 TRENTON, NJ 08625-0087

**APPLICATION FOR LIMITED
 BREWERY OFF-PREMISES
 EVENT PERMIT**

APPLICATION MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE EVENT

Application must be accompanied by a check or money order in the amount \$200.00 per day. If an event is scheduled for consecutive days, a separate application must be made for each day.

Off-Premises events include, but are not limited to: Civic and community events not sponsored or organized by a non-profit entity, music or arts festivals that do not qualify for a Festival Permit, athletic events (5k races, mud runs, bike races), Limited Brewery anniversary celebrations, and Holiday celebrations (July 4th or Memorial Day Events).

Pursuant to **“Special Ruling Authorizing Certain Activities by Holders of Limited Brewery Licenses”**, undersigned makes application for a Special Permit to sell, dispense and serve alcoholic beverages **off the licensed premises** in open containers to patrons for the specified event or in original packages (four or six packs of bottles or cans) not to exceed 72 ounces per patron.

.....
Licensee Information

1. Name of the Licensee: _____
2. Address of the Brewery: _____
3. 12 Digit License Number or Temporary Authorization Permit No.: _____
4. Contact _____ Phone Number: _____
5. E-mail address _____

.....
Premise Information

6. Is the event location contiguous to the already licensed premise: Yes ___ No ___
 If yes, describe area: _____
 (skip to #9)
7. If no, location Name: _____
8. Location Address: _____
9. Is the event premise licensed or is there a winery salesroom/outlet on the premise: Yes ___ No ___
 If yes, provide the complete license number or permit number: _____
10. Does the premise conduct mercantile business? Yes ___ No ___ If yes, what is sold? _____

.....
Event Information

11. What is the specific event being held:

12. Date and time of the event:

Date MM/DD/YYYY	Start Time	End Time
_____	_____ am pm	_____ am pm

13. Rain Date:

Date MM/DD/YYYY	Start Time	End Time
_____	_____ am pm	_____ am pm

14. Will a charge be assessed by a ticket or cover charge for the event? Yes ___ No ___

If yes, what is the cost and what is included in the cost: _____

15. Will there be a cash bar? Yes ___ No ___

If no, how are alcoholic beverages being paid for: _____

16. In what cup size(s) will malt alcoholic beverages be served: _____

NOTE: An inventory listing is required for submission of this application. See attached template.

17. Will there be sales of package goods: Yes ___ No ___

If yes, provide limit per patron: _____

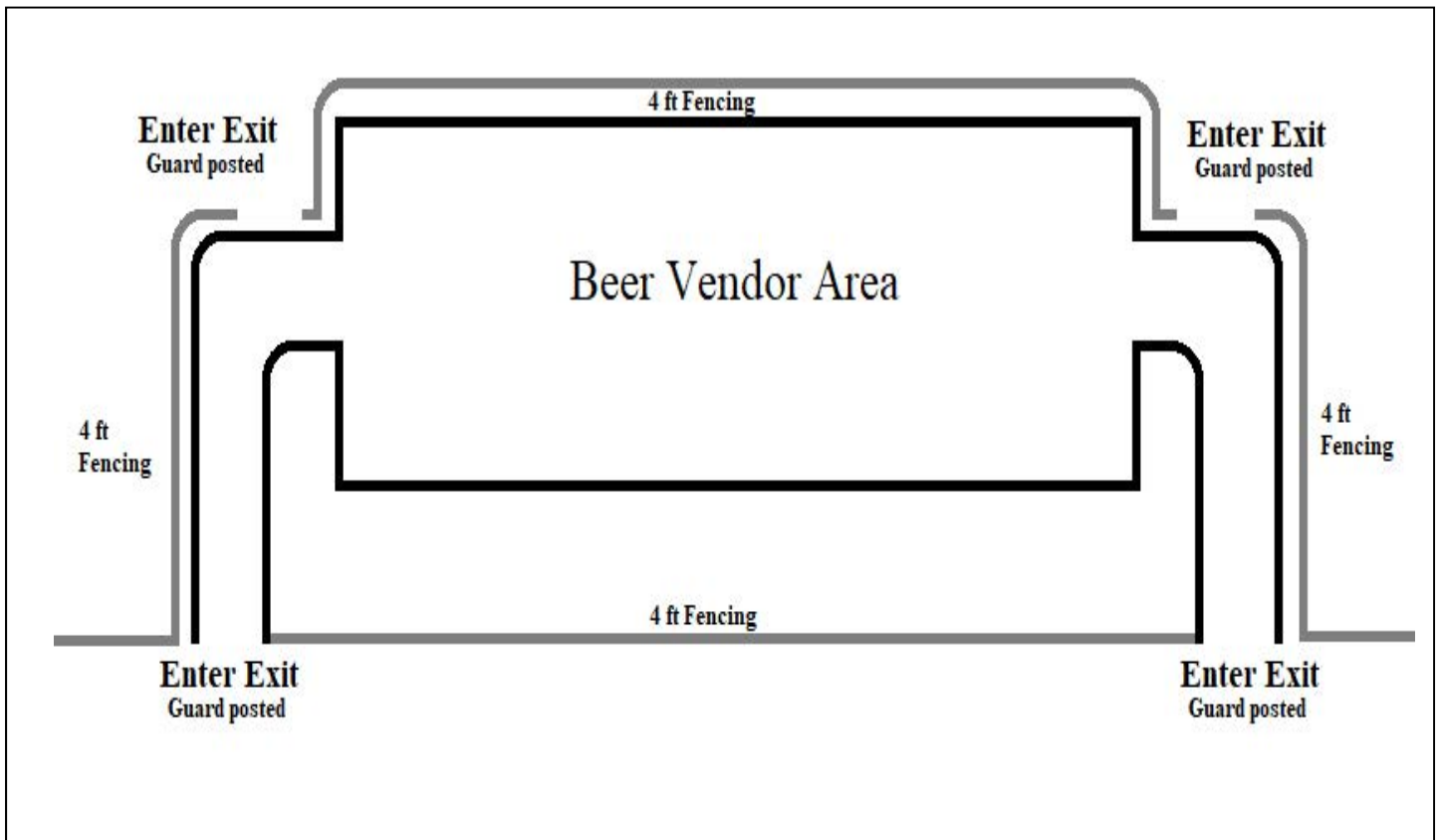
18. How many people are expected to attend the event on a daily basis?: _____

19. What is the approximate age group of the attendees?: _____

20. Will persons under the legal age to consume alcohol be in attendance?: Yes ___ No ___

21. Provide a detailed security plan to assure general safety, as well as emergency medical assistance. The plan must provide for: age verification to prevent underage consumption; "pass-off" controls; prevention of intoxication; identification of security personnel, duties, numbers and experience; confirmation that all servers shall be employees of the applicant and shall be certified by a nationally-recognized server training program.

22. Please use the space below or attach a **detailed** sketch of the area to be licensed. The sketch should include entrances and exits, ID checking area(s), location of where alcoholic beverages will be dispensed and any other relevant information pertaining to the event. **No permit will be issued if a sketch is not included.**



23. Has the Limited Brewery hired a promoter, production company or other entity to manage this event? Yes ___ No ___

NOTE: A Limited Brewery shall not hire a third party promoter to engage or assist in the planning, administration and/or operation of the off-premises event.

24. Provide information regarding any entertainment and/or recreational activities provided at the event:

.....
NO PERMIT WILL BE GRANTED UNLESS WRITTEN MUNICIPAL APPROVALS PROVIDED FOR BELOW ARE FIRST OBTAINED.
ORIGINAL SIGNATURES ONLY

AUTHORIZED SIGNATURE OF APPLICANT: This application must be filed by an official of the company which holds the Limited Brewery License who has full authority to act on behalf of the company and who is disclosed in the applicant's most recent full license application filed with the Division of Alcoholic Beverage Control (i.e., corporate president or vice president, general or managing partner, individual proprietor).

The applicant represents that if a Special Permit is issued, the permittee will fully abide by all provisions of the New Jersey Alcoholic Beverage Law, State Rules and Regulations, and Municipal Ordinances and Regulations, the same as if the sale and service were occurring upon the applicant's licensed premises. **I HEREBY CERTIFY THAT THIS LICENSEE HAS NOT EXCEEDED ITS LIMIT OF 12 OFF-PREMISES EVENT PERMITS DURING THIS CALENDAR YEAR.**

_____ Printed Name	_____ Signature
_____ Title of Signatory	_____ Date

The following consent is to be signed by the person so authorized at the premises where the affair is to be held, including property under the control of a unit of government, municipality, county or State; a church; or a premises under license or other privately owned facility.

I certify that I am the person authorized to permit the sale and service of alcoholic beverages on the premises described in the application form, and I certify that there is no objection to the sale and service of alcoholic beverages as herein specified.

_____ Printed Name	_____ Signature
_____ Title of Signatory	_____ Date

This is to certify that there are no objections to the issuance of the Permit applied for herein and that NOT MORE THAN 25 SPECIAL PERMITS HAVE BEEN AUTHORIZED FOR THESE PREMISES DURING THIS CALENDAR YEAR.

_____ Police Chief (Printed Name)	_____ Municipal Clerk (Printed Name)
_____ Signature	_____ Signature
_____ Name of Municipality	_____ Name of Municipality
_____ Date	_____ Date

NOTE: The division must be notified for cancellation or rescheduling prior to the date of the event.

It is the responsibility of the applicant to ensure that their permit application for the event meets all criteria. If application is approved it must be printed and displayed at the event premises during the duration of the event. To print the permit certificate after issuance the applicant must login to the Division's Online Licensing System.