



# MONMOUTH COUNTY PARK SYSTEM REQUEST FOR FOOD VENDORS

**EVENT:** WINTERFEST

**EVENT DATE:** SATURDAY, JANUARY 30, 2016

**EVENT LOCATIONS:** THOMPSON PARK  
805 NEWMAN SPRINGS ROAD, LINCROFT, NJ

**HOURS OF OPERATION:** 1 - 5 PM

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1. **EVENT DESCRIPTION:**

WinterFest is a one-day mini-carnival type event with winter themed activities and entertainment. This was a new event for 2015. Attendance was 1700 people.

2. **FOOD VENDORS SOUGHT:**

We are seeking one (1) main food and (1) snack food vendor. Food items can include, but are not limited to soups, chili, hot sandwiches, hot dogs, hamburgers, chicken nuggets, and pizza. Snack items can include, but are not limited to hot cider, specialty coffees, donuts, fruit turnovers, pretzels, popcorn, and cotton candy.

3. **FOOD VENDING SPACE ALLOCATIONS PER VENDOR:**

Not more than one (1) Outdoor Food Space will be allocated per vendor household.

4. **LOCATION & SET UP:**

The park area will not be available the day prior to the event for set up. The park area will be open at 7:00 AM on the day of the event for set-up which must be completed by 1:00 PM. Monmouth County Park System staff will locate vendors on the day of event.

5. **ADDITIONAL INFORMATION:**

- The applicant for food vending space must be the owner, proprietor or sole agent of the organization and must be present to operate/manage the food concession for the duration of the event.
- Spaces are 25' x 25' outdoors. If not operating out of a trailer set-up, tents are permitted. A 20' x 20' tent is preferred.
- No running water or electricity is available. Auxiliary generators not to exceed 65 decibels are permitted pending Monmouth County Park System approval. Bring in/bring out of oil/grease.
- Employees of the Monmouth County Park System and their family members are not permitted to engage in any profit-making activity associated with this event.



# MONMOUTH COUNTY PARK SYSTEM

## SPECIAL EVENT

### Food & Snack Vendor Checklist



In order to be eligible for the lottery drawing, the following items **must be included** in your application envelope. Failure to supply any of these items will result in placement on the waiting list.

- Fully completed and manually signed application. Application must clearly be marked with choices for main food items **OR** snack items.
- Payment in the form of a **certified check** or **money order** for the space you are requesting made payable to the Monmouth County Board of Recreation Commissioners. **NO PERSONAL CHECKS WILL BE ACCEPTED.**
- Completed and manually signed "Certification to Prevent Certain Convicted Sexual Offenders Entrance to Monmouth County Park System Events."
- Legible copy of applicant's current driver's license front and back. In addition, if driver's license is not a photo license, you must provide an additional and separate official government issued form of photo identification (such as a passport, County ID, State ID).
- Completed Statement of Ownership form.
- Legible copy of business' State of New Jersey Sales Tax Certificate of Authority.
- Application and all required information must be placed in an envelope clearly labeled with **applicant's return address, name of event, ATTN: Erika Bozza**, and marked "**Main Food Application**" or "**Snack Application.**" Application envelopes **not clearly marked** may not reach the appropriate Park System Representative in time for the lottery drawing. Your envelope must reach us via mail at 805 Newman Springs Road, Lincroft, NJ 07738-1695 or be hand-delivered to Erika Bozza (or designee) at Huber Woods Environmental Center, 25 Brown's Dock Road, Locust.



**MONMOUTH COUNTY PARK SYSTEM  
SPECIAL EVENT  
MAIN FOOD / SNACK APPLICATION**

<b>*FOR OFFICE USE ONLY*</b>	
PROG #	_____
AMOUNT	_____
PD. IN FULL	_____

**ALL INFORMATION MUST BE COMPLETED FOR SPACE CONSIDERATION.**

<p><b>APPLICANT IS APPLYING FOR:</b></p> <p><input type="checkbox"/> WinterFest at Thompson Park Saturday, January 30, 2016 1 – 5 PM</p> <p><b>FOOD VENDOR RATE FOR EVENT: \$60</b> <i>(Vendor selection begins on 11/15/15)</i></p> <p>Applicant's Legal Name: _____ Home Phone #: _____</p> <p>Business Name: _____</p> <p>Business Phone #: _____ Cell Phone #: _____</p> <p>Business Address: _____ Street _____ City State Zip</p> <p>Applicant's Home Address: _____ Street _____ City State Zip</p> <p>Email Address: _____</p>	<p><b>VENDOR SET-UP (MUST SELECT ONE):</b></p> <p><input type="checkbox"/> Tent</p> <p><input type="checkbox"/> Food Trailer</p> <p><input type="checkbox"/> Food Truck</p> <p><input type="checkbox"/> Other (describe) _____</p>
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**VENDOR SPACES**

- All spaces are 25' x 25' and are outdoors.
- No electricity or running water will be supplied. Auxiliary generators are allowed provided that noise level does not exceed 65 decibels. Monmouth County Park System shall be the sole judge in determining acceptable noise level.
- If not operating out of a trailer set-up, tents are allowed providing:
  - All components of tent, including support ropes/stakes, fits within a 25' x 25' area. A 20' x 20' tent is preferred.
  - All tents shall be flame retardant and have a sewn in legible label stating such.
  - All cooking equipment must be placed in a location that assures public safety at all times. All cooking equipment must be at a reasonable, safe distance from the public (five feet from public access).
  - The Monmouth County Park System shall be the sole and final judge in determining an acceptable, safe space layout.
- All food vendors shall clearly display in plain sight to the public a menu listing all the items being sold and the price for each.
- All food vendors are responsible for the removal of their own oil/grease (DO NOT pour down the storm drains).
- All food vendors shall be required to complete and submit additional forms/applications in accordance with the rules and regulations set forth by the local Board of Health and County Fire Marshal. Any fees, if applicable, shall be paid by the food vendor in addition to the fees for space(s) at the Special Event. In case of cancellation, recovery of these additional fees is the vendor's responsibility.

## MAIN FOOD / SNACK VENDOR SELECTION

**MAIN FOOD ITEMS: Number in order of your preference, maximum of 5 choices.** All food vendors can sell straight, curly, steak, or sweet potato fries; these “non-specialty fries” DO NOT count as a menu item. All food vendors can sell non-alcoholic beverages (except those listed as snack items), including coffee and hot chocolate.

Calzone & Stromboli	_____	Ribs ( <i>pork or beef</i> )	_____
Chili	_____	Roast Beef / London Broil	_____
Fried Chicken ( <i>nuggets, etc</i> )	_____	Sausage & Peppers	_____
Fried Vegetables/Blooming Onion	_____	Seafood (be specific)	_____
Grilled Chicken	_____	Shish-ka-bob ( <i>on a stick-any meat</i> )	_____
Gyros ( <i>beef, chicken or veal</i> )	_____	Soups	_____
Hot Dogs & Hamburgers ( <i>including vegetarian alternative</i> )	_____	Specialty Fries ( <i>butterfly</i> )	_____
Hot Sandwich/Sub	_____	Steaks ( <i>philly, rib eye, etc.</i> )	_____
Pizza	_____	Stirfrys ( <i>be specific</i> )	_____
Pulled Pork	_____	Vegan ( <i>be specific</i> )	_____
		Other ( <i>be specific</i> )	_____

**SNACK ITEMS: Number in order of your preference, maximum 3 choices.**

Cake / Pie	_____	Crepes	_____	Popcorn	_____
Candy / Caramel Apples	_____	Donuts	_____	Pretzels	_____
Cider	_____	Fried Oreos	_____	Roasted Nuts	_____
Chocolate Dipped Fruit	_____	Fruit Turnovers	_____	Specialty/Flavored Coffees	_____
Churros	_____	Funnel Cake	_____	Zeppoli	_____
Cookies	_____	Kettlecorn	_____	Other ( <i>be specific</i> )	_____
Cotton Candy	_____	Nachos	_____		

**PAYMENTS AND SCHEDULES:** Vendor selection will be made via lottery. No spaces will be assigned unless a completed application packet for space has been received by Erika Bozza (or designee). **Payment is due with the application.** Cashier’s checks and money orders are to be made payable to: MONMOUTH COUNTY BOARD OF RECREATION COMMISSIONERS and sent to said organization at 805 Newman Springs Road, Lincroft, NJ, 07738-1695 along with this signed and dated application. It is the vendor’s responsibility to contact the Township Board of Health or the County Board of Health, where applicable, and complete the appropriate paperwork for the Temporary Food License. Upon acceptance, vendor must contact the County of Monmouth Office of the Fire Marshal at (732) 683-8856 to obtain the paperwork and apply for the permit. Certificate of Insurance must be received by event management no later than 30 days prior to the event.

**THE UNDERSIGNED HEREBY APPLIES FOR MAIN FOOD OR SNACK VENDING SPACE AT A MONMOUTH COUNTY PARK SYSTEM EVENT AND HAS READ AND FULLY UNDERSTAND THE ENCLOSED PARK SYSTEM RULES AND REGULATIONS AND AGREES TO ACCEPT WITHOUT OBJECTION ALL THE TERMS AND CONDITIONS AS STATED.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# CERTIFICATION TO PREVENT CERTAIN CONVICTED SEXUAL OFFENDERS ENTRANCE TO THE MONMOUTH COUNTY PARK SYSTEM



This certification is to be filled out by the applicant/person entering into contract with the Monmouth County Park System in the capacity as a (check one):

\_\_\_\_\_ vendor/exhibitor    \_\_\_\_\_ sponsor    \_\_\_\_\_ entertainer    \_\_\_\_\_ rides/games    \_\_\_\_\_ demonstrator

The applicant is solely responsible for all that is contained herein.

**Reference is made to Monmouth County Board of Chosen Freeholders Resolution 05-815 Prohibiting Certain Sexual Offenders From Using Monmouth County Facilities Where Children Commonly Gather which is incorporated herewith and made a part of this Certification:**

I, \_\_\_\_\_, of full age, by way of certification in lieu of oath, deposes and says:

1. I am not a person over the age of 18 who has been convicted of any crime against a minor as listed in N.J.S.A. 2C: 7-2, or convicted of a similar crime under the statutes of any other state or nation and who as a result of said conviction is required to register with proper authorities pursuant to N.J.S.A. 2C: 7-1 et seq., or required to register with any other state or national authorities.
2. I will not allow any person over the age of 18 who has been convicted of any crime against a minor as listed in N.J.S.A. 2C: 7-2, or convicted of a similar crime under the statutes of any other state or nation, and who as a result of said conviction is required to register with the proper authorities pursuant to N.J.S.A. 7C: 7-1, et seq., or required to register with any other state or national authorities, to work at the Monmouth County Park System Special Event.
3. I will inform all those over the age of 18 who want to work at the Monmouth County Park System Special Event that anyone who has been convicted of any crime against a minor as listed in N.J.S.A. 2C: 7-2, or convicted of a similar crime under the statutes of any other state or nation, and who as a result of said conviction is required to register with the proper authorities pursuant to N.J.S.A. 2C: 7-1 et seq., or required to register with any other state or national authorities, that the penalty for trespassing onto the physical boundaries of any County Facility shall be punishable by a fine not to exceed \$200 and/or imprisonment for a term not to exceed 90 days pursuant to N.J.S.A. 40: 24-2.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
Legal Name (Please Print)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Legal Signature

Note: The above certification refers to certain convicted sex offenders over the age of 18 who are registered as tier 2 or tier 3 offenders under Megan's Law. All persons entering into contract with the Monmouth County Park System must check all potential Monmouth County Fair workers through the New Jersey State Police Megan's Law website at [http://www.state.nj.us/lps/njsp/info/reg\\_sexoffend.html](http://www.state.nj.us/lps/njsp/info/reg_sexoffend.html). For websites in other states, refer to [www.klaaskids.org](http://www.klaaskids.org).



# Statement of Ownership



All exhibitors/vendors applying for space at the Monmouth County Park System must submit a statement setting forth the names and addresses of all stockholders in the corporation or partners in the partnership, who own ten percent (10%) or more of its stock, of any class, or of all individual partners in the partnership who own a ten percent (10%) or greater interest therein, as the case may be. If one or more such stockholder or partner is itself a corporation or partnership, the stockholders holding ten percent (10%) or more of that corporations' stock, or the individual partners owning ten percent (10%) or greater interest in that partnership, as the case may be, shall also be listed. This disclosure shall be continued until the names and addresses of every non-corporate stockholder, and individual partner exceeding the ten percent (10%) ownership criteria have been listed. If no stockholder owns more than ten percent (10%), note by stating "None".

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Form of Business (check one):  Individual     Corporation     Joint Venture  
 Partnership     Other (specify) \_\_\_\_\_

The applicant declares and submits that herein below are the names and legal addresses of all persons and entities that have a 10% or greater interest in the business applying for space.

NAME	ADDRESS
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Attach additional sheets if needed and check here

I certify that (check one):

The list of persons named above is current and correct to the best of my knowledge.

OR

There are no persons or entities that have a 10% or greater interest in the business applying for exhibitor/vendor space to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print/Type Applicant's Name

\_\_\_\_\_  
Title



# MONMOUTH COUNTY PARK SYSTEM

## VENDOR INSURANCE INSTRUCTIONS



Below are the insurance requirements that affect Special Event permit holders at the Monmouth County Park System. These regulations require your close review and attention.

1. All exhibitors and vendors selected to participate at a Special Event at the Monmouth County Park System must have **Commercial General Liability Insurance** and **Employers' Liability** at limits shown on the sample certificate, in addition to **Statutory Workers Compensation** as required by New Jersey law. Any vendor or exhibitor that permits visitors to have contact with or enter into vehicles (ex. food vendors serving from vehicles) will also be required to show proof of coverage for **Automobile Liability Insurance** for any auto with \$1,000,000 combined single limit for each accident. All such coverage shall be effective for the duration of the event, including set-up, operation, and until such time as the vendor has removed all property from the premises.
2. It is **very important** that the County of Monmouth, the Monmouth County Board of Recreation Commissioners, and their employees and agents are named as additional insured on permit holder's commercial general liability policy by endorsement. Please see sample on back for exact language required. Your insurance policy will not be accepted unless the "County of Monmouth" as stated on the sample is named as additional insured.
3. Insurance certificates must be sent **DIRECTLY FROM THE INSURANCE AGENCY** to Park Management via one of the following methods **NO LATER THAN 30 DAYS PRIOR TO THE EVENT:**

Mail: Monmouth County Park System  
Attn: Erika Bozza, Vendor Committee  
805 Newman Springs Road  
Lincroft, NJ 07738

Fax: Huber Woods Environmental Center (732) 872-0145

Email: erika.bozza@monmouthcountyparks.com

**UNDER NO CIRCUMSTANCES WILL ANY EXHIBITOR OR VENDOR BE PERMITTED TO SET UP AND/OR OPERATE IN THE PARK WITHOUT VALID COMMERCIAL GENERAL LIABILITY INSURANCE IN EFFECT.**

**SEE REVERSE SIDE FOR SAMPLE OF INSURANCE CERTIFICATE**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Name of permit holding business/organization Address Town/City, State ZIP Telephone Number	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		<input checked="" type="checkbox"/>				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The County of Monmouth, the Monmouth County Board of Recreation Commissioners, and their employees and agents are hereby named as additional insured on permit holder's commercial general liability policy by endorsement.

Event Name:  
Event Location:

**CERTIFICATE HOLDER****CANCELLATION**

Monmouth County Park System  
805 Newman Springs Road  
Lincroft, NJ 07738

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE