



MONMOUTH COUNTY PARK SYSTEM REQUEST FOR FOOD VENDORS

EVENT 1: SHORE COACHES INVITATIONAL CROSS COUNTRY MEET
SATURDAY, OCTOBER 5, 2024
HOURS OF OPERATION: 9 AM - 6 PM
(Vendor selection begins on 7/11/2024)

EVENT 2: NJSIAA STATE GROUP CHAMPIONSHIP CROSS COUNTRY MEET
SATURDAY, NOVEMBER 9, 2024
HOURS OF OPERATION: 9 AM - 4 PM
(Vendor selection begins on 7/11/2024)

EVENT LOCATION: HOLMDEL PARK, LONGSTREET ROAD, HOLMDEL, NJ

EVENT RATE: \$300

1. **EVENT DESCRIPTIONS:**

Shore Coaches Invitational is a large regional cross country meet. Attendance was approximately 15,000 in 2023, 13,000 in 2022, and 16,000 in 2021.

NJSIAA is a large state group cross country meet. Attendance was approximately 11,200 in 2023, 10,500 in 2022, and 9,000 in 2021.

2. **FOOD VENDORS SOUGHT:**

We are seeking three (3) food vendors to consist of two (2) main food vendors and one (1) snack vendor for each event, in addition to one (1) coffee/dessert vendor for the Shore Coaches Invitational. The overall menu for each event must include hot dogs/hamburgers and chicken fingers or nuggets (these items can all be on one food vendor’s menu, or split between the two main food vendors selected). Additional food items can include, but are not limited to breakfast sandwiches, grilled chicken, salads, soups, subs, pizza, London broil/roast beef, and cheese steaks. Snack items can include, but are not limited to pretzels, popcorn, fried oreos, and cotton candy.

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

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

4. **LOCATION & 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 9:00 AM. Upon special request to the Park Manager, the park area may be available the day prior to the event for set up. Monmouth County Park System staff will determine location of all vendors.

5. **ADDITIONAL INFORMATION:**

- The applicant for food vending space must be the owner, proprietor or sole agent of the organization and must provide the name and contact information for the day of event onsite operator/manager of the food concession at time of application.
- Spaces are 25' x 25' outdoors. If not operating out of a trailer/food truck 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 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 food items.
- Payment in the form of a check or money order made payable to the Monmouth County Board of Recreation Commissioners. If choosing to pay by credit card, all credit card information must be listed on application and your card will be charged upon selection. Applicants with declined payments will be placed on the waiting list.
- 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. 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.
- Satisfactory sanitary inspection certificate issued to the applying business in the past year by a government Board of Health agency.
- Application and all required information must be emailed to Vendors@monmouthcountyparks.com or placed in an envelope clearly labeled with **applicant's return address, name of event, ATTN: Erika Bozza**, and marked "**Food Application.**" Application envelopes **not clearly marked** may not reach the appropriate Park System representative in time for the lottery drawing. Your application must reach us via email, mail or be hand-delivered to Erika Bozza (or designee) at 805 Newman Springs Road, Lincroft, NJ 07738-1695.

STATE OF NEW JERSEY
Certificate of Authority

DIVISION OF TAXATION
TRENTON, N. J. 08605

The person, partnership or corporation named below is hereby authorized to collect
NEW JERSEY SALES & USE TAX

pursuant to N. J. S. A. 54:32B-1 ET SEQ.

This authorization is good ONLY for the named person at the location specified herein.
This authorization is null and void if any change of ownership or address is effected.

Robert K. Thompson
Director, Division of Taxation

Tax Registration No. _____
Tax Effective Date: 01-01-93
Document Locator No. _____
Date Issued: 12-10-03

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.



MONMOUTH COUNTY PARK SYSTEM SPECIAL EVENT FOOD VENDOR APPLICATION

FOR OFFICE USE ONLY	
PROG #	_____
AMOUNT	_____
PD. IN FULL	_____

ALL INFORMATION MUST BE COMPLETED FOR SPACE CONSIDERATION.

<p>Applicant is applying for:</p> <p><input type="checkbox"/> Shore Coaches Invitational Cross Country Meet at Holmdel Park Saturday, October 5, 2024 9 AM – 6 PM</p> <p><input type="checkbox"/> NJSIAA State Group Championship Cross Country Meet at Holmdel Park Saturday, November 9, 2024 9 AM – 4 PM</p> <p>FOOD VENDOR RATE FOR EACH EVENT: \$300 <i>(Vendor selection begins on 7/11/2024)</i></p> <p>Applicant's Legal Name: _____</p> <p>Business Name: _____</p> <p>DBA: _____ Home Phone #: _____</p> <p>Business Phone #: _____ Cell Phone #: _____</p> <p>Event Day Onsite Manager: _____ 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>SERVING FROM: <i>(must select one)</i></p> <p><input type="checkbox"/> Tent</p> <p><input type="checkbox"/> Food Trailer Length _____</p> <p><input type="checkbox"/> Food Truck Length _____</p> <p><input type="checkbox"/> Other (describe) _____</p>
--	--

VENDOR SPACES

- All spaces are 25' x 25' and are outdoors (larger spaces may be available for food trucks and trailers if requested).
- 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 or food truck 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. No beverages may be served or sold in glass or Styrofoam containers.
- 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.

FOOD VENDOR SELECTION

Applicant's First Preference (*must select one*): MAIN FOOD SNACK COFFEE/DESSERT

MAIN FOOD ITEMS: Number in order of your preference. A total of 4 items will be assigned, 1 item per round. All main food vendors can sell straight, curly, steak, or sweet potato fries; these "non-specialty fries" DO NOT count as a menu item. All main food vendors can sell non-alcoholic beverages (except those listed as snack items). **Overall event menu between both vendors selected must include fried chicken and hot dogs & hamburgers.**

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

SNACK ITEMS: Number in order of your preference. A total of 4 items will be assigned.

Candy / Caramel Apples	_____	Funnel Cake	_____	Old-Fashioned Soda	_____
Churros	_____	Ice Slushy / Smoothie / Fresh Fruit Drinks (<i>excluding lemonade</i>)	_____	Popcorn	_____
Cotton Candy	_____	Kettlecorn	_____	Pretzels	_____
Fried Oreos	_____	Nachos	_____	Zeppole	_____
Fruit	_____			Other (<i>be specific</i>)	_____

COFFEE/DESSERT ITEMS: Number in order of your preference. Up to 4 items will be assigned.

Cake / Pie / Cupcakes	_____	Cookies	_____	Ice Cream / Yogurt	_____
Coffee, Hot Specialty/Flavored	_____	Donuts / Pastries	_____	Italian / Shaved Ice	_____
Coffee, Iced	_____	Fruit	_____	Other (<i>be specific</i>)	_____

If my business is not selected for my first choice menu item (*must select one*):

I can sell all items listed. Place my application on the waiting list. Contact me if this item becomes available.

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.** 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.

Payment Method: VISA MASTERCARD DISCOVER CHECK MONEY ORDER

Card Number _____ CVV _____
(last 3 digits in signature strip on back of card)

Expiration Date _____ Billing Zip Code _____

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

SIGNATURE: _____ DATE: _____



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

Other than myself, the applicant for space, 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: Thompson Park Visitor Center (732) 842-4558

Email: vendors@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 have ADDITIONAL INSURED provisions or 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).

INSURED Name of permit holding business/organization Address Town/City, State ZIP Telephone Number	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	NAIC #
	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"/>	COMMERCIAL GENERAL LIABILITY <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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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