



MONMOUTH COUNTY PARK SYSTEM REQUEST FOR FOOD VENDORS

EVENT: SPRING CRAFT SHOW

EVENT DATE: SATURDAY, MARCH 28, 2026
(Vendor selection begins on 2/4/2026)

EVENT LOCATION: FORT MONMOUTH RECREATION AREA
2566 GUAM LANE, TINTON FALLS

HOURS OF OPERATION: 9 AM - 2 PM

EVENT RATE: \$60 (Coffee/Dessert)

1. **EVENT DESCRIPTION:**

The Spring Craft Show is a one-day indoor event that showcases 50 professional and amateur artists and crafts persons displaying original work for sale. This annual event draws approximately 1,100 attendees each year.

2. **FOOD VENDORS SOUGHT:**

We are seeking one (1) specialty coffee/pastry vendor. Food items can include, but are not limited to specialty coffee, tea, pastries, bagels, and donuts.

3. **LOCATION & SET UP:**

The park area will be open at 7 AM on the day of the event for set up. Set up must be completed and vendors ready for Board of Health and Fire Marshal inspections two hours prior to the start of the event. Monmouth County Park System staff will locate vendors on the day of event.

4. **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.
- Space is 20' x 20' outdoors. Spaces that accommodate larger food trucks/trailers may be available upon request (you must note size of your vehicle on application).
- 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** with your application. Failure to supply any of these items will result in placement on the waiting list.

- Fully completed and manually signed application. Application must clearly indicate food item preferences in numerical order.
- 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.

FOOD VENDOR SELECTION

COFFEE/PASTRY ITEMS: Number in order of your preference, maximum 5 choices. Must sell hot specialty coffee.			
Bagels	_____	Cookies	_____
Cake / Pie / Cupcakes	_____	Donuts	_____
Coffee, Hot Specialty/Flavored	_____	Pastries	_____
Coffee, Iced	_____	Fruit	_____
		Other (<i>be specific</i>)	_____

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 AMERICAN EXPRESS 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 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"/> 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