

**BOROUGH OF CALIFON
MUNICIPAL OFFICES**

39 Academy St., P.O. Box 368, Califon, N.J. 07830
(908) 832-7850
FAX (908) 832-6085



Office of the Clerk/Administrator
LAURA G. EIDSVAAAG, R.M.C.
ext. 201
leidsvaag@califonboro.net

FOOD CONCESSION PACKET

You are receiving this packet because you have indicated that you would like to sell food items at an event in the Borough of Califon. Please be advised that the food that is being sold must be **prepared** in a licensed facility. (any facility that is inspected by the County Health Dept. and issued an annual food license; churches, schools, restaurants.)

Attached are three forms that must be completed and submitted at least 3 weeks before this event.

Two applications must be completed at least two weeks prior to the event;

1. Application for permit to operate a temporary food concession
2. Application for a Cooking Permit – if on site cooking or electrical appliances (crock pots, ect) will be used.
3. Vendor Registration form.

Send these three forms in along with check payable to the Borough of Califon for \$150 and the certificate of insurance, naming the Borough of Califon as additional insured, and you will be set to participate in this great event.

Please complete these applications and return with your checks to the attention of Karen Mastro, P.O. Box 368, Califon, NJ 07830.

Any questions please give Karen a call at 908-832-7850 ext. 204 or email at kmastro@califonboro.net.

Califon Street Fair 2017 Vendor Registration Form

Vendor Name

Contact Name

Contact Phone

Contact
email

Vendor Address

Web site

City, State, ZIP Code

Insurance Provider (Certificate of Insurance (general liability) must accompany this form. Please see below)

Instructions

The number of tables available is limited and will be provided in order all the below are provided and approved.

1. Email this form to califonstreetfair@gmail.com
2. Fee to go towards new print and radio advertising (social media, online advertising, posters and lawn signs are all free publicity):
 - Non-Profits: \$25, For-Profit Vendors \$50, Food Vendors \$150 (Please circle your category.)
 - Vendors located in Califon Borough receive 50% discount (non-profits in Califon Borough are free)

Mail checks payable to "Borough of Califon" with "2017 Street Fair" in the memo line to: Karen Mastro, Califon Street Fair, 39 Academy St, Califon NJ 07830.

3. A certificate of insurance, naming the Borough of Califon as an additional insured, must accompany this registration form. The certificate of insurance must include General Liability with a minimum of \$1,000,000 per occurrence. Evidence of Workers Compensation with \$100,000/\$500,000/\$100,000 & Automobile Liability should also be provided if applicable. Food vendors must to Food Vendors must complete an Application for a permit to operate a temporary food concession. Please email kmastro@califonboro.net or fax (908) 832-6085 this Certificate of Insurance to Califon Borough Municipal Offices.

Event October 8th. Participants will be provided with set-up information (timing, location, parking) prior to event date - Vendors are encouraged to avoid dismantling displays prior to the end of the event - Participants must provide their own tables (4x6 or smaller) - Tents acceptable upon approval - Electricity will not be provided - All vendors must be registered to participate - Vendors selling food or drink may be subject to inspection - Sale of alcoholic beverages is prohibited without valid license - Organizers and Califon Borough reserve the right to reject any applicant for any reason. Califon Borough Vendors are only businesses that are based in the tax map of Califon Borough. Street Fair Committee reserves the right to deny registration to any vendor for any reason. There is no rain date and no refunds. Event insurance can be purchased online from a variety of affordable companies. An example is www.actinsurance.com. This is one of many companies and not supported or endorsed.

APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD CONCESSION

NAME OF THE EVENT: _____ DATE OF THE EVENT: _____

PLACE OF THE EVENT: _____ TIME OF EVENT: _____

NAME OF EVENT COORDINATOR: _____ TEL DAY OF EVENT: _____

(The above person must be the designated person available on the day of the event to answer question.)

NAME OF FOOD BOOTH: _____

TIME BOOTH WILL BE READY FOR INSPECTION: _____

NAME OF FOOD BOOTH OWNER: _____ TEL: _____

ADDRESS: _____

NUMBER OF FOOD BOOTHS: _____ (NOTE: a \$ _____ fee made payable to _____
(must accompany this application))

1. WHERE WILL FOOD BE STORED AND/OR PREPARED PRIOR TO THE EVENT? (STORAGE FACILITY MUST BE A LICENSED FACILITY - ITEMS MAY NOT BE STORED IN A PRIVATE HOME. NO FOODS MAY BE PREPARED IN A PRIVATE HOME)

NAME OF ESTABLISHMENT: _____ INSPECTED BY: _____

ADDRESS: _____

2. HOW WILL YOU KEEP FOOD COLD? (41 DEGREES F.) ON SITE (at sales booth?)
(examples: food requiring refrigeration includes raw and previously cooked meats; poultry; fish; vegetables; salads; eggs and dairy products). _____

3. HOW WILL YOU KEEP HOT FOOD HOT (135 DEGREES F.) ON SITE (at sales booth?)
(examples: cooked, ready-to-serve meats; poultry; seafood; tofu; cooked onions and peppers; potatoes; beans; falafel; chili; bar b Que; "veggie burgers"; etc.) _____

4. HOW WILL YOU PREVENT BARE HAND CONTACT WITH READY-TO-EAT FOODS?

5. DESCRIBE THE HANDWASHING FACILITIES AT YOUR BOOTH:

6. DESCRIBE THE WAREWASHING FACILITIES IN YOUR BOOTH:

7. LIST ALL FOOD AND BEVERAGE ITEMS THAT WILL BE SERVED:

8. I agree to abide by the regulations as per N.J.A.C. 8:24 et. Seq.

APPLICANT'S SIGNATURE _____ DATE _____

(OFFICIAL USE ONLY) APPROVED YES _____ NO _____	Payment Received _____	Temporary Food License Number: _____
--	------------------------	--------------------------------------

APPLICATION FOR COOKING PERMIT

LOCATION INFORMATION OF COOKING ACTIVITY

Municipal Code	1004	Registration No.		Municipality	Califon
Physical Location of Activity					

APPLICANT INFORMATION - ALL INFORMATION MUST BE FILLED IN

Organization / Applicant Information	Contact Person Information
Name	Name
Street Address	Street Address
Municipality	Municipality
Telephone / Cell	Telephone / Cell

TYPE OF COOKING	Appliances			
Fire Suppression				
Applicant requests permission to conduct the following Activity at the above location				
And/or for the storage, occupancy, use, sale, handling or manufacturing of the following				
State quantities & method for each category or material to be stored or used				

I hereby acknowledge that the information given is correct and agree to comply with the applicable requirements of the New Jersey Uniform Fire Code, as well as any specific conditions imposed and if not, this permit may be revoked and I will be subject to penalties as provided by law.

Signature Title Date

Check in the amount of		Check Number or Cash		Check Made Payable To	Borough of Califon
------------------------	--	----------------------	--	-----------------------	--------------------

FOR OFFICIAL USE ONLY

Permit Type _____ [] Conditions Imposed [] Denied [] Approved Pending Payment Fee \$ _____

Mail To: Boro. of Califon Fire Marshal
39 Academy Road, Califon, NJ 07830
Fax To: 908-832-6085

FIRE MARSHAL