



Borough of Highlands

42 Shore Drive

Highlands, NJ 07732

732-872-1224 x204 or 205

Cashier@highlandsborough.org

JCraig@highlandsborough.org

August 31st 2018

As a valuable member of our community, we would like to invite you to be a part of our September 29, 2018 celebration of Highlands Day. The event will take place at the Community Center, 22 Snug Harbor Avenue and will run from 3pm-10pm. There is no rain date in the event of rain.

The celebration will include Live Music, Games, Bounce House, Face Painting, and a Bon Fire. We are looking for local businesses and organizations to help us make this event truly special for our community.

We hope that you are interested in joining our celebration of Highlands Day. We ask that you bring a table, all other equipment necessary for operation and if you have a banner to display along our fenced in area. Also, we will ask for a liability certificate and everyone would need to sign a Hold Harmless Agreement as well.

There will not be a fee however, if you will be providing food we will have the Board of Health come out that day to inspect that everything is up to their standards. Also, a fire inspection will be required based on your food preparation requirements would be. Please review the attached Vendors registration forms and return them by September 10, 2018 if interested in participating.

Please feel free to reach out to me with any questions at **Cashier@HighlandsBorough.Org**.

Sincerely,

The Borough of Highlands



Vendors

Highlands Day 2018

2018 Registration Form

(732) 872-1224

Highlands Community Center, 22 Snug Harbor

Saturday, September 29, 2018

3:00pm to 10:00 pm

DEADLINE: September 10, 2018

What type of vendor are you?

- Food Truck or Table (**See Part 1**)
- Artist, Business or Borough Group Vendor (**See Part 2**)

PART 1

(Please type or print clearly.)

Name:	
Name of Business:	Home phone: ()
Street:	Cell phone: ()
City, State, Zip:	Email :
Check those that apply: <input type="checkbox"/> Food truck <input type="checkbox"/> Food table	
Method to keep food at required temperature:	
How much space do you require? _____ Space may be limited depending on how many vendors join us. We will contact you in the event that the space requested is not available.	
Vendor Requirements:	
Additional Information:	
List all items you will sell, along with a price, on the lines below. (NO additional food items can be added to your offerings after this list is submitted.)	
Description	Price
_____	_____
_____	_____
_____	_____
Signature of person who assumes responsibility for the food truck/food table on 9/29/18	
	Date
Signature of person who filled out this registration form	
	Date

Vendors are required to bring their own table and all other equipment necessary for operation.



Vendors

Highlands Day 2018
2018 Registration Form

(732) 872-1224

Highlands Community Center, 22 Snug Harbor

Saturday, September 29, 2018

3:00pm to 10:00 pm

Artists, Borough Group Vendor, Highlands Businesses

PART 2

(Please type or print clearly.)

Name:	
Name of Business:	Home phone: ()
Street:	Cell phone: ()
City, State, Zip:	Email :
Check those that apply: <input type="checkbox"/> Artist <input type="checkbox"/> Borough Group <input type="checkbox"/> Highlands Business <input type="checkbox"/> Other: _____	
Description: _____	
How much space do you require? _____ Space may be limited depending on how many vendors join us. We will contact you in the event that the space requested is not available.	
Vendor Requirements:	
Additional Information:	
List all items you will sell, along with a price, on the lines below.	
Description	Price
_____	_____
_____	_____
Signature: _____ Date: _____	

Vendors are required to bring their own table and all other equipment necessary for operation.

HOLD HARMLESS AGREEMENT

Between the Borough of Highlands, and _____ (Contractor)

WITNESSETH:

- 1. _____ (Contractor) agrees to release, defend, indemnify and hold harmless the Borough of Highlands from and against any and all actual or alleged claims, demands, causes of action, suits, proceedings, liability, loss, damage and/or injury, arising out of or incident to any act, omission, negligence or willful misconduct of the Contractor and their respective employees, agents, volunteers, or other representatives. This applies to and includes, without limitation, the payment of all penalties, fines, judgments, awards, decrees, and attorneys' fees.

Insurance Requirements:

Certificates of insurance evidencing the required policies as well as naming the Borough of Highlands as an additional insured, are to be provided prior to the work to be performed and reviewed/approved by the Borough Administrator; including the following coverages:

- a. Commercial General Liability Insurance Coverage with limits of no less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate.
- b. Workers' Compensation coverage providing coverage for statutory benefits and employers liability coverage with limits of not less than \$1,000,000/\$1,000,000/\$1,000,000.

Applicable Law:

This Agreement shall be governed by the laws of the State of New Jersey.

SIGNED: _____

Date: _____

WITNESS: _____

Date: _____



Borough of Highlands Division of Fire Prevention

171 Bay Avenue
Highlands, NJ 07732
(732) 872-1224 Ext. 252
Fax: (732) 872-0670



VENDOR COOKING AT FESTIVALS AND CARNIVALS

Permit:

All vendors must obtain a Fire Safety Permit from the Borough of Highlands Division of Fire Prevention. A permit shall be issued for propane gas cooking, open flame charcoal cooking and deep fat fryers. ~~Type 1 Permit \$ 42.00~~

No Fee

Extinguisher:

All vendors **MUST** have their own FIRE EXTINGUISHER. The Fire Official must approve all Fire Extinguishers

- o Outside Cooking:----- 10-lb type ABC
- o Cooking within 3' of tent / canopy----- 20-lb type ABC
- o Deep fat Fryers----- 20-lb type ABC
- o Fat fryers (vegetable oil)----- 2 1/2 gallon type K

Propane Tanks:

Maximum Size 40-lb (larger tanks must be approved by Fire Official) Tanks Shall be less than 12 years old, and in good working order / condition. Tanks shall be Secured. Tanks shall be 6-10 feet away from appliance unless designed to be secured to the appliance. Regulator and all hoses **MUST** be in good working condition; relief valve **MUST** face away from public.

Tent/Canopy:

Tent/canopy **MUST** have fire rating label, and have no side panels. **NO** cooking is to be performed under any tent/canopy occupied by the public. **NO** fryers, propane tanks or charcoal grills under the tent/canopy. Sterno(s) **MUST** be outside of the tent/canopy with an additional fire extinguisher.

Electric:

Grills and Electric frying equipment must have fire extinguishers



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Portable LP Cooking Equipment Regulations

Propane

F-402.4 Portable LP Gas cooking equipment such as barbecue grills shall not be stored or used:

- 1. On any porch, balcony or any other portion of a building;**
- 2. Within any room or space of a building**
- 3. Within five feet of any combustible exterior wall;**
- 4. Within five feet, vertically or horizontally, of an opening in a wall**
- 5. Under any building or overhang**



Borough of Highlands Division of Fire Prevention

171 Bay Avenue
Highlands, NJ 07732
(732)872-1224 Ext. 252



APPLICATION FOR PERMIT

The Uniform Fire Code states:

"Permits shall be required, and obtained from the local enforcing agency for the activities specified in this sections, except where they are an integral part of a process or activity by reason of which a use is required to be registered and regulated as a life hazard use. Permits shall at all times be kept in the premises designated therein and shall at all times be subject to inspection by the fire official." [N.J.A.C 5:70-2.7 (a)]

Applicant Information

Date of applicant: _____

Location where activity will occur _____

Date _____ Time _____

Applicant Name _____ Address _____

Organization Name _____

Phone/Fax Number _____ Emerg. # _____

Block/Lot _____

The above named applicant hereby requests permission to conduct the following activity at the above indicated location:

And for the keeping, storage, occupancy, sale, handling or manufacture of the following:

(State quantities for each category to be stored, or used and the method stored or used:)

I hereby acknowledge that I have read this applicant, that the information given is correct, and tha I am the owner, or duly authorized to act in the owner's behalf and as such hereby agree to comply with the applicable requirments of the fire code as well as any specific conditions imposed by the fire official.

Applicant Signature

Fire Marshal Signature

Fee Amount

Permit Type

Note: There are five types of permits. See attached sheets for type and fee.

~~SPECIAL EVENT
LASTING ONE WEEK OR
LESS IN DURATION

VENDOR FEE: \$100
*PAYABLE TO
MUNICIPALITY IN WHICH
EVENT IS TO TAKE PLACE

Ordinance No. 15-01, 5.1b~~

Monmouth County Regional Health Commission #1
1540 West Park Avenue, Suite 1
Ocean, New Jersey 07712
Telephone (732) 493-9520
Facsimile (732) 493-9521
www.mcrhc.org

OFFICE USE ONLY

TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

No fee

APPLICATION SUBMISSION DATE: _____
**Note: Application MUST be submitted at least 14 days prior to event*

EVENT INFORMATION			
NAME OF EVENT:			
LOCATION:			
MUNICIPALITY:			
DATE(S) AND TIME(S) OF EVENT:			
VENDOR INFORMATION			
TRADE NAME:			
OWNER/CONTACT PERSON:			
MAILING ADDRESS:			
TELEPHONE #:		FAX #:	
CELL PHONE #:		EMAIL:	
DATE & TIME WILL BE SET UP/READY FOR INSPECTION:			

*****NOTE*****

All vendors who are planning on preparing and serving at least 3 or more potentially hazardous food items MUST provide proof of current certification in food protection from a NJDHSS accredited and recognized certifying program. In addition, there MUST be at least one person-in-charge present and available at the site during all hours of operation.

If this is applicable to your operation, you must provide a copy of your certification and complete the following:

NAME OF FOOD SAFETY MANAGER:			
CERTIFYING AGENCY:			
CERTIFICATION NO.:		DATE CERTIFIED:	

DO YOU HOLD A CURRENT FOOD LICENSE WITH THE EVENT MUNICIPALITY? ****If YES, provide a copy of that license and a copy of the current SATISFACTORY placard.	YES	NO
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DO YOU HOLD A CURRENT FOOD LICENSE WITH ANY OTHER MUNICIPALITY? ****If YES, provide a copy of that license and a copy of the current SATISFACTORY placard.	YES	NO
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MENU & FOOD PREPARATION PAGE

Please list food & beverage items that you are planning to serve. If a section is not applicable, please place a "N/A" in the box. Use additional sheets as necessary.

All food and beverages must be purchased from an approved source. Food and/or beverages prepared in a private home are not permitted to be used or offered for consumption. Offsite facilities must be licensed and regularly inspected.

Any menu changes must be submitted and approved by the Health Department at least 48 hours prior to the event.

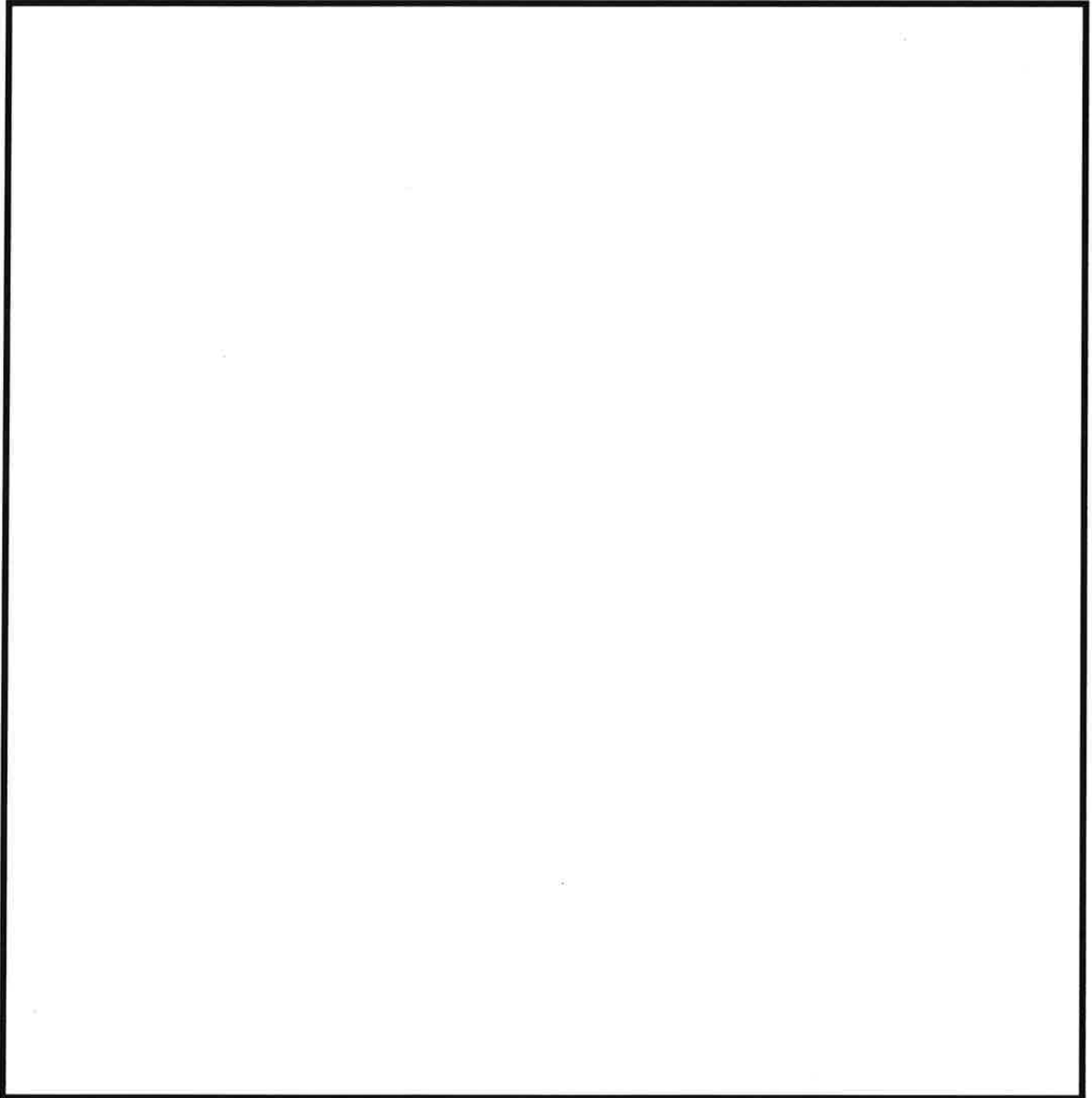
*******THERMOMETERS REQUIRED TO MONITOR FOOD COOKING AND HOT/COLD HOLDING TEMPERATURES*******

FOOD ITEM	PREP ONSITE OR OFFSITE* FACILITY?	TRANSPORT HOT OR COLD? HOW TRANSPORTED?	COLD HOLDING EQUIPMENT USED? (41F OR BELOW)	COOKING/REHEATING EQUIPMENT USED? FINAL COOK/REHEAT TEMPERATURE?	HOT HOLDING EQUIPMENT USED? (140F OR ABOVE)	HOW ARE YOU PREVENTING CROSS-CONTAMINATION?	HOW ARE YOU PREVENTING BARE-HAND CONTACT?
Example: Hamburger	Onsite	Cold: Ice Chest	Refrigerator with indicating thermometer	Grill to 155F Check with Thin Probe Stem Thermometer	Grill/Steam Table	Designated worker only handling raw meats	Gloves/Tongs

* Name & location of off-site facilities used:

TEMPORARY FOOD ESTABLISHMENT FLOOR PLAN DIAGRAM

Please show and label all equipment to be used, such as handwash station, cold and hot holding equipment, cooking and reheating equipment, warewashing station, tables, floor/overhead coverage, and storage area.



EQUIPMENT LIST – Identify equipment used in your temporary food establishment. Check all boxes that apply.

<p align="center">HANDWASH STATION (Required for any open food)</p> <input type="checkbox"/> 5 gallon insulated container with continuous flow spigot & 5 gallon catch bucket <input type="checkbox"/> Plumbed hand sink <input type="checkbox"/> Warm water <input type="checkbox"/> Liquid pump hand soap & paper towels	<p align="center">COOKING/REHEATING EQUIPMENT</p> <input type="checkbox"/> Grill/BBQ <input type="checkbox"/> Fryer <input type="checkbox"/> Smoker <input type="checkbox"/> Oven <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<p align="center">COLD/HOT HOLDING EQUIPMENT</p> <input type="checkbox"/> Ice chest Source of Ice _____ <input type="checkbox"/> Refrigerator _____ <input type="checkbox"/> Freezer _____ <input type="checkbox"/> Grill/BBQ _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
<p align="center">TEMPERATURE MONITORING</p> <input type="checkbox"/> Thin-probe stem thermometer(s) <input type="checkbox"/> Indicating thermometer(s) <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<p align="center">SANITIZATION</p> <input type="checkbox"/> 3 compartment sink <input type="checkbox"/> 3 portable tubs <input type="checkbox"/> Bucket & wiping cloths <input type="checkbox"/> Bleach & test strips <input type="checkbox"/> Other _____	<p align="center">FOOD & EQUIPMENT PROTECTION</p> <input type="checkbox"/> Canopy/tent <input type="checkbox"/> Tarp <input type="checkbox"/> Shelving/pallets <input type="checkbox"/> Sneeze guard <input type="checkbox"/> Foil/plastic wrap <input type="checkbox"/> Other _____
<p align="center">FOOD HANDLER HYGIENE</p> <input type="checkbox"/> Clean shirt/apron <input type="checkbox"/> Hair restraint/baseball cap <input type="checkbox"/> Disposable gloves <input type="checkbox"/> Serving tongs <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<p align="center">WASTE DISPOSAL</p> <input type="checkbox"/> Trash receptacles <input type="checkbox"/> Wastewater receptacles <input type="checkbox"/> Grease receptacles <input type="checkbox"/> Other _____ <p>*****Wastewater & Grease must be properly disposed of. Disposing onto the surface of the ground and/or the storm drain are NOT acceptable.*****</p>	<p align="center">OTHER</p> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

STATEMENT: I hereby certify that all information provided is correct, and I fully understand that any deviation from the information provided without prior approval from the Monmouth County Regional Health Commission may nullify final approval. I further agree to comply with all temporary retail food establishment requirements.

 Applicant/Owner Signature _____
Date

For Office Use Only		
<input type="checkbox"/> APPROVED	Date:	Inspector:
Restrictions:		
<input type="checkbox"/> NOT APPROVED	Date:	Inspector:
Reason(s):		

IMPORTANT INFORMATION FOR TEMPORARY FOOD ESTABLISHMENT VENDORS

Please read the following important information before submitting your application:

1. The **TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION** must be completed and submitted to the Monmouth County Regional Health Commission at least 14 days prior to the event.
2. The **TEMPORARY FOOD ESTABLISHMENT FLOOR PLAN DIAGRAM** must be completed.
3. Vendors with multiple locations at the same event will need to submit an application for each location.
4. ~~A fee of \$100 per vendor/event for special events lasting one week in duration or less must be submitted to the municipality in which the event is to take place. (Monmouth County Regional Health Commission #1 Ordinance 15-01, Section 5.1b)~~

No fee for this event.

Please submit completed application(s) for review to:

Monmouth County Regional Health Commission #1
1540 West Park Avenue
Suite 1
Ocean, NJ 07712
Telephone: 732-493-9520
Facsimile: 732-493-9521