

Mayor Donald Shaw & the Roselle Borough Council

Present

THE ROSELLE HOUSE MUSIC FESTIVAL
Saturday, July 13, 2024

Vendor Registration Application

The Borough of Roselle House Music Festival will be held Saturday, July 13, 2024 from 11:00am – 10:00pm. This event is "*Rain or Shine*". The event will be held in Warinanco Park located in Roselle, NJ 07203.

We invite vendors to use the occasion to exhibit/sell their products. Vendor spaces are **\$300 for Non-Food Vendors and \$800 for ALL Vendors selling food and/or beverages.** Vendors must provide their own tables, chairs, tents etc.

Please submit the registration application with the appropriate fee to: Kiara Abreu, (Kabreu@boroughofroselle.com) (908) 632-5625/ (908) 245-5600 Ext:2013. Vendor applications can be mailed to the Borough Hall Annex Building located at 108 W 3rd Avenue, Roselle, NJ, 07203.

In person vendor registration can be completed at the Anthony Amalfe Community Center, located at 1268 Shaffer Ave, Roselle, NJ 07203 starting April 1st, 2024, Monday through Friday from 8:00am-4:00pm.

Deadline to Register is Monday, June 17, 2024

Checks or money orders should be made payable to the "Borough of Roselle". Credit card payments will **NOT** be accepted.

Your permit to vend, with your assigned space(s), will be given the day of the event. **VENDORS MAY CHECK-IN BETWEEN 6 AM AND 9 AM. THERE WILL BE NO ADMITTANCE AFTER 9AM. NO REFUND WILL BE PROVIDED.**

Refunds will only be issued if the original dates(s) are cancelled by the committee. It is understood that in consideration for this payment, the undersigned shall be permitted to exhibit articles for sale, subject to the following provisions:

1. **The undersigned agrees to release the sponsors and the Borough of Roselle from any loss or damage, personal, bodily or property, as a result of any cause, including but not limited to fire, theft or breakage during the duration of the sale as well as while moving into or out of the premises.**
2. **Vendors shall be responsible for cleanup of all papers and boxes.**
3. **Advance approval of all food sales is a MANDATORY requirement of the Union County Office of Health Management. ALL fees due to the Union County Office of Health Management are to be paid directly to the Union County Office of Health Management, 400 North Ave. East, Westfield NJ 04090. (908) 518-5620 / Fax (908) 654-9252. NOT to the Borough of Roselle. Please be advised that ALL food vendors will be required to provide their own certificate of insurance to the Union County Office of Health Management. NO refund will be given if food vendor fails \ inspection by Union County Health Management.**
4. **The New Jersey State Uniform Fire Code Section 5118-2.7 (a)3. v. will be enforced by the Roselle Fire Department. Inspection and permits will be issued to food vendors using flame producing devices before the start of the event.**
5. **The Borough of Roselle reserves the right to allocate space assignments in their own unfettered discretion. In addition, we reserve the right to make changes due to unforeseen circumstances or in the interest of public safety.**
6. **The Roselle Police and Union County Police Departments have forbidden the sale of smoke bombs, firecracker, items of a hazardous nature and illegal items. Products of this type will be confiscated. Merchandise to be sold must comply with the law as interpreted by the sponsor.**
7. **Items for sale must be handmade crafts and new merchandise, fresh food only. No used products will be allowed for sale and the Borough of Roselle reserves the right to exclude vendors not in compliance of this guideline.**
8. **PLEASE DETACH AND RETURN THE FOLLOWING FORM WITH YOUR CASH/CHECK OR MONEY ORDER.**

By registering as a vendor for a Borough of Roselle event, you agree and acknowledge that all advertising and promotion of your product is your responsibility. The Borough of Roselle assumes NO responsibility or liability for advertising related to your specific product.

ALL FEES ARE SUBJECT TO CHANGE DUE TO UNION COUNTY REGULATIONS!

PLEASE ENCLOSE YOUR CASH, CHECK OR MONEY ORDER WITH THE APPLICATION FEE PER SPACE:

Name: _____

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Signature: _____

Vendor Set-Up:

Table top: ___ YES ___ NO **Size:** _____

Food Truck: ___ YES ___ NO **Size:** _____

Tent: ___ YES ___ NO **Size:** _____

Please List All Items That Will Be Sold:



UNION COUNTY OFFICE OF HEALTH MANAGEMENT

400 North Avenue East, Westfield, NJ 07090

Phone: 908-518-5620 | Fax: 908-654-9252



TEMPORARY MOBILE RETAIL FOOD ESTABLISHMENT APPLICATION

INSTRUCTIONS:

APPLICATION SHALL BE SUBMITTED NO LATER THAN 10 BUSINESS DAYS BEFORE THE EVENT

- Temporary Mobile Retail Food Establishment Application must be completed and submitted by email at REHS@ucnj.org at least 10 Business days before the event. This application includes Temporary Food Facilities such as Tables and Tent set-ups, Farmers markets, trucks, and trailers.
- Only one Temporary Mobile Retail Food Establishment Application is required to be submitted for the events in the jurisdictions of the Union County Office of Health Management (Union County Parks, Scotch Plains, Roselle, Berkeley Heights) per year. **Application Fees must be paid to each municipality separately.**
- Seasonal/Annual Vendors must notify us by email at REHS@ucnj.org of any events participating within the year of the license issued, providing us with the date and location of the event.
- Seasonal/Annual Vendors must notify us by email at REHS@ucnj.org of any changes from the original approved application. Included but no limit changes on the menu, set-up, or commissary agreements.
- ALL Temporary Mobile Retail Food Establishments shall have a designated person to handle money exclusively.
- If you are classified as a Risk Type 3 food facility, you shall have at least one person in charge (PIC) with a Food Manager certification during the event at all times.
- Workers with Food Handlers certifications shall be present during the event at all times.
- *For Mobile Food Units only:*

Once the application is approved a Pre-Operational inspection shall be conducted before operating, in addition to the inspection during the event. If the applicant wishes to forgo a Pre-Operational inspection, an Affidavit Form must be included with this application. Pre-operational inspections would be conducted at Union County Office of Health Management (400 North Avenue East, Westfield, NJ 07090).

- Application approval expires on December 31st of the current calendar year.
- Inspection placards shall be posted for public view while vending.
- All municipal approvals shall be obtained before operating / vending.
- All receipts for foods must be available for review while vending.



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- Home food preparation and storage is strictly prohibited
- Use of Sterno's/ Chafing dishes with canned fuel are strictly prohibited for outside events.

- **Application page One:**

To be filled out by the mobile vendor- including contact information, what type of setup the application is for, a checklist for all necessities for proper handwashing, and handling of foods and supplies for operation.

- **Application page Two:**

- Vendors operations schedule: Location of the event (s). Event Coordinator information.
- Description of food operation: select all of the options that you are doing for the temporary event.
- **HOME PREPARATION & AND STORAGE OF FOOD IS STRICTLY PROHIBITED.** Exempt NJ Cottage Food Operators Holders.

- **Application page Three:**

- ALL FOOD ITEMS MUST BE LISTED ON PROPOSED MENU (including but not limited to main dishes, side dishes, toppings, beverages, etc.)
- Anticipated volume of food to be prepared and served- including where the food was purchased (with receipts).
- Location of where the food will be prepared (at the servicing area or the event site), location of where food will be cooked (at the servicing area or the event site).
- How the food will be cooked (ex. stove, induction cooker, oven, etc.).
- How the food will be cooled *must include a cooling procedure for all foods being cooked in advance. Cooling methods can include, but are not limited to; ice baths, ice paddles, small batches, cutting larger pieces of meat into smaller pieces, shallow pans, using ice as an ingredient, etc.
 - Rapid cooling using shall take place from 135°F to 70°F in 2 hours, then 70°F to 41°F in 4 hours
 - It is the vendor's responsibility to guarantee food that has been cooked and cooled has reached 41°F in less than 6 hours. If this food has not reached proper cooling temperatures, it must be discarded.
 - A written cooling procedure will be required if cooking and cooling down are being performed.
- Description of how the food will be kept hot at the event site.
- Description of how the food will be reheated at the event site.



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- Description of how the food will be kept cold at the event site. If you are on site for more than 4 hours a refrigerator/Freezer must be available to keep food at the proper temperature. Prior approval is required for the use of coolers during the event.

If food is temped in the danger zone between 41°F- 135°F at an event, it may be discarded

- Live clams, mussels, and oysters must have tags on-site and available for 90 days.
- Receipts for all foods must be available for inspection at the event.
- Any specialized processing requires prior approval from the Union County Office of Health Management. Food PREPARATION AND COOKING for the specialized process must be performed in the commissary kitchen.
- **Application page Four:**

A blank page to draw an aerial view of the set-up of the type of mobile unit with ALL equipment listed.

- **Application page Five:**

There is a list of documents required to be submitted to process the application:

- A New Jersey Certificate of Authority:

NJ Certificate of Authority (Sales Tax Registration): NJ law requires anyone including all vendors, even seasonal businesses and "one-time" vendors, who make retail sales and therefore conduct business in NJ to register with the State for tax purposes at least 15 business days before starting business and to collect NJ sales tax on all sales of taxable tangible personal property or services. There are no special provisions for temporary vendors. Once registered, you must file all required returns until you properly end your tax registration with NJ. To obtain a NJ Sales Tax ID#, you can register online or file a paper application. File Form NJ-REG (Business Registration Application) to register with the State and to obtain a NJ Tax ID #.

For additional information on registering your business contact the NJ Dept of Taxation at 609-292- 6400, email: nj.taxation@treas.state.nj

us or visit: www.state.nj.us/treasury/revenue/gettingregistered.shtml
<http://www.state.nj.us/treasury/taxation/publsut.shtml>

- A photocopy of the vendor's driver's license and vehicle registration (for the vending unit): Copies are required for ALL operators of the mobile unit, regardless of what type of unit. This information is required in compliance with the NJ Division of Motor Vehicle (NJDMV). The Vehicle Identification Number (VIN) that is inscribed on the vehicle must match the number located on the vehicle registration card.
- A copy of a Food Protection Manager Certificate:

If you are classified as a Risk Type 3 food facility, one that prepares and serves Potentially Hazardous Foods (raw animal/plant products), serves a susceptible population, or has a large menu that requires complex preparation including cooking, cooling & reheating of 3 or more potentially hazardous foods. During the event, you must have at least one person in charge (PIC) with a Food Manager certification.



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- A completed commissary agreement form.

A commissary kitchen is a commercial kitchen that has been inspected by a local health department, in which food and supplies are prepared, kept, handled, packaged, and/or stored. Also, could be an operating base location to which a mobile retail vehicle returns regularly for such matters as vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food. Private Residences Are Strictly Prohibited

- Copy of the commissary facility's most recent inspection report, if the commissary kitchen is located in a jurisdiction not covered by the Union County Office of Health Management (Union County Parks, Scotch Plains, Roselle, Berkeley Heights). The inspection report must be the full report, not just the placard.
- Well water test results if the servicing area is on a well: NJ state-certified laboratory results for water utilized for food operations.
- NJ Cottage Food Operators, must provide a copy of the most recent permit. More information can be found at: <https://www.nj.gov/health/ceohs/phfpp/retailfood/cottagefood.shtml>
- Provide a Floor Plan:

This is a draw of an aerial view of the set-up for your operations which could be a draw/print/photo of the arrangement of all equipment and food preparation areas.

PLEASE MAIL THE COMPLETED APPLICATION AND DOCUMENTS TO:

UNION COUNTY OFFICE OF HEALTH MANAGEMENT
400 North Avenue East, Westfield, NJ 07090

OR EMAIL AS A PDF DOCUMENT TO REHS@ucnj.org

IF YOU HAVE ANY QUESTIONS, PLEASE CALL
THE UNION COUNTY OFFICE OF HEALTH MANAGEMENT AT (908) 518 5620.



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COMMISSARY AGREEMENT

Section 1 – To be completed by the APPLICANT

Business Name: _____

Owner / Operator Name: _____

Business Mailing Address _____

Best contact phone number _____ Email address: _____

I hereby certify that I am familiar with the N.J.A.C. 8:24 - CHAPTER 24 "Sanitation in Retail Food Establishments, Food and Beverage Vending Machines and Cottage Food Operations" requiring that all temporary mobile retail food establishments operate from an approved base location (otherwise known as a "Commissary kitchen") and that all temporary mobile retail food establishments (trucks, table set-ups, trailers, and others) return daily to such location for vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food.

AND

I hereby certify that the above-listed information is correct. I also understand that the home preparation and storage of food, or the cleaning of equipment and utensils used in that mobile operation is prohibited as per N.J.A.C. 8:24 and is subject to penalties, fines, and possible license forfeiture. If any changes in my operation occur, I agree to notify the Union County Office of Health Management immediately.

Mobile Establishment Owner's name (print): _____

Mobile Establishment Owner's signature: _____ Date _____

Section 2- To be completed by COMMISSARY OWNER / OPERATOR

Commissary Name: _____

Address: _____

Business phone number: _____

Owner / Operator Name: _____ Owner best contact number: _____

End date of this contract _____

Check all appropriate services provided:

- | | | |
|---|--|--|
| <input type="checkbox"/> Wastewater disposal | <input type="checkbox"/> Food preparation area | <input type="checkbox"/> Refrigeration equipment |
| <input type="checkbox"/> Portable water | <input type="checkbox"/> Electrical hookups | <input type="checkbox"/> Food storage facilities |
| <input type="checkbox"/> Disposal of rubbish & garbage | <input type="checkbox"/> Toilet & handwashing facilities | <input type="checkbox"/> Mop sink |
| <input type="checkbox"/> Hot / cold water for vehicle | <input type="checkbox"/> 3-Compartment sink | <input type="checkbox"/> Overnight vehicle storage |
| <input type="checkbox"/> Grease/oil disposal | <input type="checkbox"/> Utensils / Equipment Storage | |
| <input type="checkbox"/> Other services not listed: _____ | | |

I hereby certify that the information I have provided is current, true, and correct to the best of my knowledge and meets the N.J.A.C 8:24 CHAPTER 24 "Sanitation in Retail Food Establishments, Food and Beverage Vending



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Machines and Cottage Food Operations” requirements.

If the food facility operator fails to comply with the conditions of this contract, or if this contract is modified or canceled, the commissary owner shall notify the Union County Office of Health Management immediately.

Commissary Kitchen Owner's name (print): _____

Commissary Kitchen Owner's Signature: _____ Date: _____

If the commissary kitchen is not inspected by the Union County Office of Health Management you shall provide the commissary's last Inspection Report along with this agreement.

Note: If this Commissary Agreement is modified or canceled, and a new Commissary Agreement is not provided to this office, your permit to operate a food facility will be subject to suspension or revocation.

***This Commissary Agreement shall be effective for no longer than one year.**



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TEMPORARY MOBILE RETAIL FOOD ESTABLISHMENT APPLICATION

DATE RECEIVED: _____

APPLICATION SHALL BE SUBMITTED NO LATER THAN 10 BUSINESS DAYS PRIOR TO THE EVENT

TEMPORARY MOBILE VENDOR BUSINESS INFORMATION				
Trading Name of Temporary Vendor				
Owner/Corporation				
Street Address				
City	State	Zip code	Mailing Address (if different)	
Home Phone		Cell Phone		Fax
Email				
Contact Person				Telephone
Email				
NEW JERSEY FOOD PROTECTION MANAGER CERTIFICATION (Please provide a copy)				
Name of certified Individual			Issuance Date	Expiration Date
TYPE OF TEMPORARY MOBILE VENDOR (Check all that apply)				
<input type="checkbox"/> Tabletop/Tent <input type="checkbox"/> Trailer <input type="checkbox"/> Non-motorized pushcart (Example: Italian ice pushcart, hotdog cart etc.)				
<input type="checkbox"/> Motorized mobile truck <input type="checkbox"/> Immobile cooking station (Example: hot/cold prepackaged food, catered food, hot holding cooked food)				
Other: _____				
Sanitation/Personal Hygiene <ul style="list-style-type: none"> <input type="checkbox"/> Hot/Cold Running Water <input type="checkbox"/> Freshwater Container _____gals (in a truck /trailer) <input type="checkbox"/> Wastewater Container _____gals (in a truck /trailer) <input type="checkbox"/> Hand Sink with Warm Running Water (in a truck /trailer) <input type="checkbox"/> Insulated Container with Free-Flowing Spout (for tabletop / tent) <input type="checkbox"/> 3-Compartment Sink w hot/cold running water (Trucks / trailers) <input type="checkbox"/> 3-Compartment Set-up (Tabletop / Tent) <input type="checkbox"/> Buckets/Spray Bottles w/Sanitizer <input type="checkbox"/> Gloves <input type="checkbox"/> Paper Towels <input type="checkbox"/> Pump Hand Soap / Automatic Hand Soap Dispenser 			Other Equipment <ul style="list-style-type: none"> <input type="checkbox"/> Trash Container <input type="checkbox"/> Sneeze Guards <input type="checkbox"/> Extra Utensils <input type="checkbox"/> Covered Containers <input type="checkbox"/> Foil/ Plastic Wrap <input type="checkbox"/> Ambient Thermometers for each refrigerator <input type="checkbox"/> Thin Probe Thermometer <input type="checkbox"/> Sanitizer / Test Kit 	



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VENDOR OPERATION SCHEDULE

INITIAL EVENT

Location of the event: (Street Address, City)

Name of the event:

Date(s) of the event:

Hours of the event:

Events coordinator name:

Events coordinator phone number:

Events coordinator email:

ANNUAL PERMITS

Location of the event: (Street Address, City)

Name of the event:

Months:

___ Every Month of the Year

Selected Months (circle):

J - F - M - A - M - J - J - A - S - O - N - D

Days:

___ Monday ___ Tuesday ___ Wednesday

___ Thursday ___ Friday ___ Saturday

___ Sunday

Hours of the event:

DESCRIPTION OF FOOD OPERATION

WILL YOU BE DOING ANY OF THE FOLLOWING:

- Specialized processing? (Reduced oxygen packaging (vacuum sealing), smoking or curing of foods, fermentation, acidification of foods, Sushi Rice, etc.). Food preparation and cooking only in the commissary kitchen.
- Raw Shellfish? (Mussels, oysters, clams, etc.)
- Preparing (including but not limited to): Buttercream Icing, Caesar dressing, Hollandaise or Bearnaise sauce, Mayonnaise, Meringue, Tiramisu, Eggnog, or other egg-fortified beverages?
- Cooking foods in advance and cooling down at your Commissary kitchen? A written cooling procedure will be required if cooking and cooling down are being performed.
- Cottage food operations. A copy of the NJ Cottage food permit must be provided
- NO, I WILL NOT BE DOING ANY OF THE ABOVE-MENTIONED PROCESSES



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FOOD PREPARATION

List EVERY item on your menu including toppings and drinks	List all the ingredients for each item on the menu	The location where the food is being PREPARED: At the event (V): At the commissary kitchen (C)	List all COOKING equipment used for each item on the menu. Example: Oven, grill, stove, etc.	List all COOLING equipment used for rapidly cooling the food items. Example: Walk-in refrigerator, ice paddles, etc.	List all the REHEATING equipment used to reheat the food items. Example: Oven, stove, etc.	List all HOT-HOLDING equipment used to keep the food items hot at the event. Example: Steam table, Warming box, etc. No Sterno's / Chafing dishes allowed for outside events.	List all COLD-HOLDING equipment used to keep food items cold at the event. Example: Refrigerator, Freezer, etc.	Where did you buy these items? List the store name and location.



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SKETCH AERIAL VIEW OF FLOOR PLAN

List all equipment utilized in your set-up, including but not limited to oven, stove, grill, smoker, hot holding units, refrigerators, freezers, handwashing sink, 3-compartment sink, display case, etc.



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ATTACHMENT CHECKLIST (Submit all with the application)

- Payment** of the application.
- Floor Plan:** sketch/layout/photo diagram of operation showing all equipment, and workspaces.
- Copy of **New Jersey Certificate of Authority** for mobile vendor/ company (sales tax document)
- Copy of **Driver's License** for all mobiles (trucks, trailers)
- Copy of **Vehicle Registration** for all mobiles (trucks, trailers)
- Copy of **Food Protection Manager Certification** if required.
- Copy of **Food Protection Handlers** Certification.
- Written cooling procedure** if cooking and cooling down are being performed.
- Complete the **Commissary Agreement Form**.
- Copy of the **Commissary Kitchen Last Inspection Report** if NOT inspected by this Health Department.
- Water Testing Records** (private wells only) for Commissary kitchen if on a well.
- Cottage Food Operator Permit**, if applicable.

I hereby certify that the above-listed information is correct and that I am familiar with the N.J.A.C. 8:24 - CHAPTER 24 "Sanitation in Retail Food Establishments, Food and Beverage Vending Machines and Cottage Food Operations". If any changes in my operation occur, I agree to notify the Union County Office of Health Management immediately.

Mobile Establishment Owner's name (print): _____

Mobile Establishment Owner's signature: _____ Date: _____

OFFICIAL USE ONLY

APPROVED DATE: _____ EXPIRATION DATE: _____

Classified Risk Type: Risk 1 Risk 2 Risk 3 Risk 4 (operations at service area only)

Approval Restrictions: _____

Inspector: _____

REJECTED DATE: _____

Classified Risk Type: Risk 1 Risk 2 Risk 3 Risk 4 (operations at service area only)

Reasons for rejection: _____

Inspector: _____