



MINE HILL TOWNSHIP
10 BAKER STREET
MINE HILL, NJ 07803
973-366-9031

SPECIAL EVENTS APPLICATION INFORMATION/INSTRUCTIONS

NOTE: PLEASE CAREFULLY READ THE FOLLOWING INSTRUCTIONS. THE ATTACHED APPLICATION MUST BE COMPLETED IN FULL AND RETURNED TO THE CLERK'S OFFICE. INCOMPLETE APPLICATIONS WILL BE REJECTED.

Special Events include but are not limited to: fairs, business grand openings, craft shows, food truck events or any event so as to impede, obstruct, impair, delay or interfere with the usual, normal and free pedestrian or vehicular use, or which requires, in the judgment of the Chief of Police, the deployment of police officers for crowd control.

- a. The applicant must contact the appropriate departments on the attached checklist in order to obtain required approvals.
- b. Please note that all food vendors must individually submit the following **a minimum of four weeks prior to the event to the Clerk's Office:**
 - ~ Certificate of Insurance
 - ~ Temporary Food Handling License Application
 - ~ Commissary Agreement
 - ~ Bureau of Fire Prevention Application for Permit
 - ~ All payments
- c. If alcoholic beverages will be served and/or sold, the sponsor of the event, depending on the location of the event, may be required to complete a Social Affairs Permit Application and pay the required fee to the New Jersey Division of Alcoholic Beverage Control.
- d. If you are going to have a 50/50 or any other forms of legalized games of chance, you must apply for a license **at least three months before the event.** Contact the Clerk's Office.

MINE HILL TOWNSHIP

SPECIAL EVENTS APPLICATION

Applicant: _____

Address: _____

Telephone: _____ Email: _____

Organization Name: _____

Address: _____

Is the Organization Non-Profit? Yes No If yes, state IRS designation

Telephone Number: _____ Head of Organization _____

Name of Person Coordinating Event: _____

Date of Event: _____ Time: (Start & Finish) _____

Purpose of Event _____

Location: _____

Will Sound/Amplification equipment be used? Y/N

Will food and beverages be served and/or sold at the event? Y/N

***Health Department Food Permit Required**

Will alcohol be served or sold at event? Y/N

***Additional permit will be required if yes**

Will private security be employed at this event? Y/N

Describe Parking requirement for the event: _____

Will signs be posted prior to event? Y/N

Signage posted dates: From _____ To _____

Date Submitted: _____

Signature of Applicant

Print Name of Applicant

SPECIAL EVENT PROCEDURES & CHECKLIST

This form must be used to obtain permission from each of the departments, verifying compliance with permits, regulations, etc. When this form is complete, please bring it to the Clerk's Office. We will forward this form with the department approvals to the Office of the Mayor for final approval.

Organization: _____ Contact: _____

Email: _____ Phone: _____

Event: _____ Date of Event: _____

Rain Date: _____

Event Time (Including set-up & clean up): _____

Activity Description: _____

Location: _____

of staff/volunteers _____

Initial

_____ Community Programs: Submit Insurance Certificates, written detailed plan, request for use of dumpsters, traffic cones etc. (Laurie Betz ext. 9 or email lbetz@minehill.com)

_____ Police Department: Contacted regarding traffic, parking & Safety concerns
(Phone: 973-366-0557)

_____ Health Department: Food Handling, restrooms, water source, sanitation
(Phone: 973-691-0900 ext. 7330)

_____ Construction Dept. for Building and Electrical Inspections
(Phone: 973-366-9031 ext. 5 or email construction@minehill.com)

_____ Zoning Dept. Temporary Sign Permits (same as construction dept.)

_____ Fire Marshall/Code Enforcement: Inspections regarding fireworks, Bon fires, Food Trucks etc.
(Phone: 973-366-9031 ext. 27 or email firemarshal@minehill.com)

_____ Clerks Office: Gambling permits (raffles 50/50's, tricky tray, etc.)
(Marcie Istvan 973-366-9031 ext. 7 or email clerk@minehill.com)

Event approved by the Office of the Mayor _____

Date: _____



**MOUNT OLIVE TOWNSHIP HEALTH DEPARTMENT
TEMPORARY FOOD HANDLING LICENSE APPLICATION
FOR MINE HILL TOWNSHIP EVENTS**

EVENT NAME: _____ DATE: _____

Time of Event: _____

Location of Event: _____

Vendor Info:

Company Name: _____

Contact Person: _____

Address: _____

Phone #: _____

Alt. Phone #: _____

Type of Unit: Tent___ Cart___ Tables___ Other (please specify) _____

Water Source: On Site___ Bottled___

Please specify location obtained from: _____

Ice Obtained from: _____

Power Source: _____

-----Please list all equipment including fryers, grills, etc.:

Product Selling:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Date and Place Food Purchased:

How is product being stored before and during event?

Where is product being stored? _____

Hand washing Facilities (water, wipes, sanitizer, etc) Please specify: _____

How are utensils and equipment being cleaned and sanitized:

Toilet Facilities:

Portable Toilets _____ On-site Facility _____ Other _____

Quantity _____ Handicapped Accessible _____

Serviced by _____

Trash receptacles – quantity/frequency of pick-up: _____

*****A COPY OF CERTIFICATE OF INSURANCE FROM VENDOR MUST BE SUBMITTED WITH APPLICATION. IF THE EVENT OCCURS ON TOWNSHIP PROPERTY, MINE HILL TWP. MUST BE NAMED AS ADDITIONAL INSURED*****

Contacted Fire Marshal _____

All vendors must be individually listed.

***All forms must be submitted a minimum of **one month** prior to the event.**

Date form Completed _____

Please complete and return this form to: Mine Hill Township Acting Clerk, Marcie Istvan,
10 Baker Street, Mine Hill, NJ 07803
Questions? 862-437-1190 / clerk@minehill.com

Mt. Olive Health Dept. 973-691-0900 X7330#

FEES: Temporary

\$15.00 per unit (for events lasting one to three days)



TOWNSHIP OF MOUNT OLIVE

HEALTH DEPARTMENT

COMMISSARY AGREEMENT

FOR MINE HILL TOWNSHIP EVENTS

A commissary is an approved location, usually a food establishment, where food is stored, prepared, portioned, or packaged for service elsewhere. A commissary may also be used to service and store food vehicles or carts. Once our office approves of this commissary agreement, you may not use a different facility for food preparation and storage without the written approval of Mount Olive Township Health Department.

Persons wishing to operate within Mine Hill Township must submit this form for review (check one):

- ☐ A mobile unit or push cart; or
- ☐ A temporary food establishment requiring off-site or advanced food preparation; or
- ☐ A temporary food establishment lasting two days or more; or
- ☐ A farmer's market food vendor or processor stand; or
- ☐ A catering business

The owner or person in charge of the approved food establishment or commissary must complete the following information:

Commissary Owner Information	Commissary Owner Information
Facility Name:	Facility Name:
Contact Name:	Contact Name:
Address:	Address:
City ,State, Zip:	City ,State, Zip:
Phone Number:	Phone Number:
Email Address:	Email Address:

Round trip mileage from commissary kitchen to service location and back: _____ Miles.

Afterhours accessibility – key provided to commissary user? ☐ Yes ☐ No

Commissary tasks (mark all that apply):

- ☐ Cooking foods ☐ Potable water re-supply ☐ Hot Holding foods ☐ Wastewater disposal
- ☐ Raw Meat/Seafood Prep ☐ Cleaning of utensils ☐ Vegetable / Ready to Eat Food Prep
- ☐ Restroom Available ☐ Other Food preparation (trimming, assembly, re-portioning)
- ☐ Dry Goods Food storage (i.e. shelving for dry goods)
- ☐ Refrigerated Food storage (i.e. walk-in cooler, sandwich prep cooler)
- ☐ Cooling of hot foods (If yes, which method: ☐ shallow pan or ☐ ice bath)
- ☐ Other:

I grant permission for _____ to use my facility for the tasks indicated above. This agreement is voided immediately if the commissary owner or user sells or closes his/her business.

Commissary operator signature _____

Date _____

Commissary user signature _____

Date _____

Please attach the most recent sanitary inspection report for commissary being utilized.

Incomplete Commissary Agreements will not be approved.

Please complete and return this form to:
Mine Hill Township Acting Clerk, Marcia H. Istvan
10 Baker Street, Mine Hill, NJ 07803
Questions? 862-437-1190 / clerk@minehill.com

Mt. Olive Health Dept. 973-691-0900 x7330



MINE HILL TOWNSHIP

Municipal Building ~ 10 Baker Street ~ Mine Hill, New Jersey 07803

BUREAU OF FIRE PREVENTION

Thomas Trapasso

Tel: 973-366-9031

Fire Marshal

Fax: 973-366-1626

firemarshal@minehill.com

APPLICATION FOR PERMIT

LOCATION INFORMATION

MUNICIPAL CODE:	REGISTRATION #:
NAME:	STREET ADDRESS:
MUNICIPALITY:	COUNTY:
STATE: ZIP CODE:	AREA CODE & PHONE #:

APPLICANT INFORMATION

APPLICANT'S NAME:	APPLICANT'S HOME STREET ADDRESS:
MUNICIPALITY:	COUNTY:
STATE ZIP CODE:	AREA CODE & PHONE #:

[] Permit requested for following date(s): _____

[] Permit requested for one year – Expiration Date: _____

NOTE: Attach additional signed sheet if space is insufficient.

The above named applicant hereby 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 and method for each category or material to be stored or used:

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.

Applicant's Signature

Title

Date

MAKE CHECK PAYABLE TO: Mine Hill Township – Fire Prev
MAIL TO: Mine Hill Township Bureau of Fire Prevention
10 Baker Street, Mine Hill, NJ 07803

FOR OFFICIAL USE ONLY

Permit Type: _____ [] Conditions Imposed [] Denied [] Approved pending payment of \$ _____ Fee \$54