



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 the organizer of the event must collect hard copies of the following from each food vendor and **submit them all at once** to the Clerk **a minimum of six weeks prior to the event:**
 - ~ 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 862-244-9251 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: 862-437-1202 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: 862-269-9077 or email firemarshal@minehill.com)

_____ Clerks Office: Gambling permits (raffles 50/50's, tricky tray, etc.)
(Marcie Istvan 862-437-1190 or email clerk@minehill.com)

Event approved by the Office of the Mayor _____

Date: _____

TOWNSHIP OF MOUNT OLIVE

DEPARTMENT OF HEALTH FOR MINE HILL TOWNSHIP EVENTS



204 Flanders-Drakestown Road
P.O. Box 450
Budd Lake, NJ 07828
Phone: (973) 691-0900
Fax: (973) 691-7681
www.mountlivetwpnj.org



Public Health
Prevent. Promote. Protect.

Retail Food Temporary Event License Application Checklist

Initial and attach corresponding applicable documents.

Fully completed application is attached.

Completed commissary agreement is attached.

Copy of commissary's most recent satisfactory placard OR inspection report is attached.

Copy of commissary's license is attached.

Vendor's most recent satisfactory placard OR inspection report is attached.

Proof of food safety manager's course (ex Servsafe) if selling risk two or above food items. *

Copy of liability insurance (COI) naming Mine Hill Twp. as additionally insured if vendor is operating on Township property.

I have contacted the fire marshal if I have combustible equipment or an open flame. *

I understand that if my application/documentation is not complete or I have submitted my application less than **six weeks** prior to the event, my application may not be accepted.

I understand that I cannot submit payment until my application is approved.

*Risk 1- Only sells pre-packaged, non-potentially hazardous foods. Prepares only non-potentially hazardous foods. Heats only commercially processed, potentially hazardous foods for hot holding and does not cool potentially hazardous foods (ex: hot dog carts and coffee stands)

*Mt. Olive Twp. requires proof of an accredited food safety manager's course for selling risk 2,3, and 4 foods. Refer to N.J.A.C. 8:24.

*Contact Fire Marshall Tom Trapasso for fire permits/questions at 862-269-9077/firemarshal@minehill.com.

ONLY fully completed applications, with attached documentation/checklist will be accepted.

Fully completed applications will only be accepted at minimum six weeks prior to the event date.



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

Vendor Name: _____

Vendor's Phone Number: _____

Contact Person's Name: _____

Contact Person's Phone Number: _____

Contact Person's Email: _____

Date and Time of Event: _____

Location and Name of Event: _____

Person in Charge (PIC) of food safety during event: _____

Time Vendor will be set up and ready for inspection on the day of the event: _____

Type of Unit: Tent ___ Cart ___ Tables ___ Other (please specify) _____

Food Product Selling:

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

Date and Place Food Purchased: _____

Where did you obtain your water from? _____

Where did you obtain your ice from? _____

Food from approved sources (8:24-3.2)

All food shall be obtained from a source which is in compliance with all applicable State and local laws and regulations. All food must be prepared in a licensed food facility.

Food may not be stored, handled, or prepared at home.*

**Exception: Food permitted on vendor's Cottage Food License.*

**Exception: Non-profit charitable 501(c)3 organizations selling non-potentially hazardous baked goods with proper signage on display. Signage shall state, "These items were prepared in a kitchen that is not subject to licensing or inspection by the local health authority."*

Please complete and return this form to:
Mine Hill Township Clerk, Marcie Istvan
10 Baker Street, Mine Hill, NJ 07803
Questions?: 862-437-1190



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

Temperature Safety

Will you be cooking onsite at the event? _____

What equipment will you be using to cook? _____

Temperatures food must be cooked to:

145 °F for fish, pork, and meat

155 °F for ground meat

165 °F for poultry and stuffed meat

A thin-probed thermometer is required to be on site at all times for potentially hazardous food.

Hot and Cold Holding of Potentially Hazardous Foods

Describe how potentially hazardous food will be maintained at 41° F or below and 135° F or above at all times and the equipment used to maintain temperature:

**Some examples of potentially hazardous foods consist of animal products containing milk products, eggs, meat, poultry, fish or shellfish, cooked vegetables, soups, cut melons, salads(macaroni, potato, tuna, chicken etc.)*

Before event: _____

Transportation to the event: _____

Display/storage during event: _____

Do you have a method to rapidly reheat (reheating food to 165° F within two hours) your food items and what is that method? _____

Examples: oven, grill, microwave.

Note: Steam tables, heat lamps, sternos, and crock pots are not designed to rapidly reheat food.

Please complete and return this form to:
Mine Hill Township Clerk, Marcie Istvan
10 Baker Street, Mine Hill, NJ 07803
Questions?: 862-437-1190



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

Check which handwash station you will use:

_____ 5 gallon insulated container with free flow spigot and catch bucket, liquid hand soap, and paper towels.

_____ Hand sink with cold and hot running water, liquid hand soap, and paper towels.

_____ Hand sanitizer **only allowed for prepackaged foods.**

Check how you will clean and sanitize your utensils and equipment:

_____ 3 compartment sink with hot and cold water, soap, sanitizer, and sanitizer test strips.

_____ 3 large pans with potable water, soap, sanitizer, and sanitizer test strips.

_____ Spray bottle with sanitizer or sanitizer wipes for **prepackage foods only.**

Date completed application and attached documentation provided to health department: _____

Only fully completed applications, with attached documentation/checklist will be accepted.

Fully completed applications will only be accepted at minimum **six weeks prior to the event date.**

FEES:

Temporary Event License for Retail Food Vendors: \$15.00 per unit for events lasting 1-5 consecutive days.

Please complete and return this form to:
Mine Hill Township Clerk, Marcie Istvan
10 Baker Street, Mine Hill, NJ 07803
Questions?: 862-437-1190



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

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.**



MINE HILL TOWNSHIP

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

BUREAU OF FIRE PREVENTION

Thomas Trapasso
Fire Marshal

Tel: 862-269-9077

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