



CITY OF PLEASANTVILLE

VENDOR'S CONTRACT

CERTIFIED CHECK OR MONEY ORDER MADE PAYABLE TO:

THE CITY OF PLEASANTVILLE NAME YOUR EVENT

MAIL TO:

ATT: JACQUELINE AMADO-BELTON

18 N. FIRST STREET

PLEASANTVILLE NJ 08232

VENDOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CONTACT PHONE NUMBER: PHONE \_\_\_\_\_ Email address \_\_\_\_\_

EVENT YOU ARE PARTICIPATING IN \_\_\_\_\_

BRIEF DESCRIPTION OF THE PRODUCT YOU WANT TO SELL \_\_\_\_\_

(ALL FOOD VENDORS MUST HAVE AN UP TO DATE 10 POUND ABC FIRE EXTINGUISHER)

(ALL VENDORS MUST SUPPLY THEIR OWN EQUIPMENT, TENTS, SUPPLIES, AND POWER) The City is only supplying the space.

FOOD VENDORS: \_\_\_\_\_ VEHICLE/TUCK (SELF CONTAINED)

NON-FOOD VENDORS: \_\_\_\_\_ VENDORS SPACE

TOTAL ENCLOSED: \$ \_\_\_\_\_



CITY OF PLEASANTVILLE  
VENDOR APPLICATION  
JACQUELINE AMADO-BELTON  
609-677-4925

Dear Participant:

This is to confirm our receipt of your vendor's registration form and fees for the Bayview Summer Series to be held at the Pleasantville High School area.

**PLEASE BE SURE TO FOLLOW ALL THE TERMS AND CONDITIONS.**

AC CARNIVAL \_\_\_\_\_\$100.00

THE LATINO FESTIVAL VENDORS \_\_\_\_\_\$50.00

**All food vendors must register with the Atlantic County Division of Public Health:**

**201 S. Shore Road, Northfield, NJ 08225, 609-645-5971. Board of Health application are attached to this contract, it is your responsibility to submit to the Atlantic County Division of Public Health.**

**THANK YOU!**



PLEASANTVILLE'S  
SUMMER EVENTS  
JACQUELINE AMADO-BELTON  
609-677-4925

VENDOR/EXHIBITOR NAME	
ADDRESS	
CONTACT NAME	
PHONE NUMBER / EMAIL	

TERMS AND CONDITIONS

1. VENDORS/EXHIBITORS MAY SET UP A HOUR BEFORE EVENT PLEASE SEE VENDOR MANAGER FOR DETAILS ON YOUR EVENT.
2. FOOD VENDORS WILL BE SUBJECT TO INSPECTION BY THE ATLANTIC COUNTY DEPARTMENT OF HEALTH.
3. VENDORS/EXHIBITORS AGREE TO KEEP BOOTH OPEN UNTIL THE EVENT CLOSES AT THE END OF THE DAY.
4. PAYMENT MUST BE MADE IN ADVANCE BY CERTIFIED CHECK OR MONEY ORDER. **THERE WILL BE NO REFUNDS.**
5. VENDORS/EXHIBITORS MUST KEEP THEIR SPACE CLEAN AND IN ORDER.



6. VENDORS/EXHIBITORS SHALL ARRANGE SPACE IN SUCH A MANNER AS NOT TO BLOCK ANOTHER'S VIEW OR ENTRANCE.
7. VENDORS/EXHIBITORS SPACE MUST BE USED FOR SELLING ONLY THOSE ITEMS DESCRIBED IN THE VENDOR'S CONTRACT FORM.
8. VENDORS/EXHIBITORS ARE RESPONSIBLE FOR MANNING AND MONITORING THEIR SPACE DURING MARKET HOURS. THEY ARE RESPONSIBLE FOR THEIR OWN EQUIPMENT AND PERSONNEL. THE COMMITTEE AND/OR CITY OF PLEASANTVILLE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGES.
9. VENDORS/EXHIBITORS WILL NOT SHARE ELECTRICAL SERVICE. ELECTRICAL REGULATION WILL BE ENFORCED BY THE CITY OF PLEASANTVILLE ELECTRICAL INSPECTOR THROUGHOUT THE FESTIVAL.
10. VENDORS/EXHIBITORS SHALL NOT ASSIGN OR SUB-SPACE ANY PORTION OF THEIR SPACE.

***I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.***

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**SIGNATURE**

**DATE**



## CERTIFICATE OF INSURANCE CRITERIA

In order to participate as a vendor in the City of Pleasantville's Events, the following criteria must be satisfied:

- A. Certificate of Insurance General Liability coverage \$500,000. Please furnish your commercial liability of homeowner/renters insurance company "Certificate of Insurance"
- B. Municipality of Pleasantville must be listed as an "Additional Insured"
- C. Indemnity and Hold Harmless Agreement. (This document Must be Fully completed, signed and dated. Refer to package material).**
- D. Carnival/Amusement Ride vendors must provide proof of Registration of rides applied to the actual ride.**

Please be sure to furnish the following documents when returning your vendor package material. The documents must be fully completed, signed and dated. If you have any questions, please call (609) 677-4925.



## INDEMNITY AND HOLD HARMLESS AGREEMENT

\_\_\_\_\_, agrees to indemnify and hold harmless the  
(Individual, Group, Contractor Name)

City of Pleasantville, and/or the Atlantic County Municipal Joint Insurance Fund, and their agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees in case it shall be necessary to file an action, arising out of performance of the work herein or the use of Municipal facilities which is (1) for bodily injury, illness or death, or property damage, including loss of use, and (2) caused in whole or in part by\_\_\_\_\_.

Negligent act or omission, or that of a subcontractor, or that of anyone employed by them or for whose acts contractor or subcontractor may be liable.

This indemnification and agreement shall apply in all instances whether The City of Pleasantville, and/or the Atlantic County Municipal Joint Insurance Fund is made a direct party to the initial action or claim or is subsequently made a party to the action by third-party in-pleading or is made to a collateral action arising, in whole or in part, from any of the issues emanating from the original cause of action or claim.

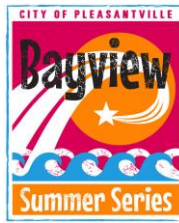
Description of Event/Facility/Contract:

Date of Event/Contract:\_\_\_\_\_.

By\_\_\_\_\_ Title\_\_\_\_\_

(Contractor, Individual, Group)

Date signed:\_\_\_\_\_



Submittal Date: \_\_\_\_\_



Atlantic County Division of Public Health  
201 S. Shore Road, Northfield, NJ 08225  
609-645-5971 / Fax: 609-645-5923  
www.acdlink.org

### MOBILE RETAIL FOOD ESTABLISHMENT APPLICATION

Seasonal / Annual Street Vendor     Temporary / Special Event

FILL OUT ALL PARTS OF THE APPLICATION AND PROVIDE THE FOLLOWING ATTACHMENTS:

- **FLOOR PLAN:** sketch/layout/photo diagram of operation showing all equipment, workspaces, restrooms
- Copy of **VEHICLE REGISTRATION / DRIVERS LICENSE** (for all mobiles using a street licensed unit)
- Copy of **SERVICING AREA'S LAST INSPECTION REPORT** if NOT inspected by the THIS Health Department
- **WATER TESTING RECORDS** (private wells only, if not already provided to the Health Department)

#### PART 1 TO BE COMPLETED BY FOOD VENDOR

##### MOBILE VENDOR BUSINESS INFORMATION

Trading Name of Mobile Vendor _____	NJ Sales Tax ID# _____
Owner/Corporation _____	Street Address _____
Mail Address _____	City _____ State _____ Zip _____
Contact Person Name _____	
Phone# _____ Cell# _____	Fax# _____
Email _____	

##### FOR STREET VENDORS ONLY

Location of vending (municipalities) _____
Months, Days & Hours of Operations: _____

##### TEMPORARY EVENT

Name of Event _____	Date(s) & Time of Event _____
Event Contact Person _____	Phone # _____

##### DESCRIPTION OF MOBILE FOOD UNIT (CHECK ALL THAT APPLY)

Push Cart     Tabletop/Tent     Food Preparation Vehicle     Trailer     Refrigerated Vehicle     Other \_\_\_\_\_

##### DESCRIPTION OF EQUIPMENT (CHECK ALL THAT APPLY)

SANITATION / PERSONAL HYGIENE	OTHER EQUIPMENT
<input type="checkbox"/> Hot/Cold Running Water	<input type="checkbox"/> Trash Container
<input type="checkbox"/> Freshwater Container _____ gals	<input type="checkbox"/> Sneeze Guard
<input type="checkbox"/> Wastewater Container _____ gals	<input type="checkbox"/> Extra Utensils
<input type="checkbox"/> Hand Sink w/ Warm Running Water	<input type="checkbox"/> Covered Containers
<input type="checkbox"/> Insulated Container w/ Free Flow Spout	<input type="checkbox"/> Foil Plastic Wrap
<input type="checkbox"/> 3 Compartment Sink	<input type="checkbox"/> Thermometers
<input type="checkbox"/> Buckets/Spray Bottles w/ Sanitizer	<input type="checkbox"/> Sanitizer/Test Kit
<input type="checkbox"/> Gloves <input type="checkbox"/> Paper Towels <input type="checkbox"/> Soap	<input type="checkbox"/> Other _____