

**LICENSE APPLICATION CHECK LIST
FOR
STREET VENDOR**

NAME OF VENDOR: _____

**APPLICATIONS MUST BE ACCOMPANIED BY THE FOLLOWING BEFORE
SUBMITTING:**

- ___ \$10.00 Application fee
- ___ \$25.00 Per day for each Licensee or \$400.00 per year
- ___ Copy of payment
- ___ Copy of State of NJ Tax Sale Certificate
- ___ Copy of Driver's License/Legal photo ID
- ___ Fingerprint results
- ___ Copy of Certificate from the Cumberland County Board of Health if proposed business involves food or beverages.
- ___ Certificate of Insurance naming the City of Millville as
Additional insured.
- ___ Hold harmless agreement

FOR OFFICE USE ONLY

- ___ If food vendors are involved, email application to the Cumberland County Health Department at: food@ccdohnj.gov
- ___ Approval of Insurance Agency
- ___ Approval of Chief of Police
- ___ Approval of Fire Official
- ___ Approval of City Clerk

CITY OF MILLVILLE

STREET VENDOR

(Selling of beverages, foods, merchandise, goods or wares by walking or driving about the City.
EXAMPLES: Canvasser, Solicitor, Hawker, Huckster and Peddler, Lunch Truck or Ice Cream Truck.

THIS LICENSE DOES NOT INCLUDE SELLING FROM A FIXED OR PERMANENT LOCATION.
LICENSE APPLICATION (Article 17 – Chapter 33)

\$10.00 Application Fee Due Payable at Time of Application
\$25.00 Per Day for Each Licensee or \$400.00 Per Year for Each Licensee
Veterans & Other Persons Named in NJSA 45:24-9 are Exempt from the Licensing Fee
Copy of State of New Jersey Tax Sale Certificate
The Sale of Silly String is Prohibited

DATE OF APPLICATION: _____ APPLICATION FEE PAID: \$ _____

TYPE OF BUSINESS:

- CANVASSER OR SOLICITOR** – Any person who travels from house to house or store to store without appointment taking orders for future delivery of goods or services.
- HAWKER** – Any person who moves about in the street or public places selling goods or wares by means of public outcry.
- HUCKSTER OR PEDDLER**- Any person who travels from house to house or store to store without appointment selling goods or wares.
- STREET VENDING** – The selling of beverages, foods, merchandise, goods or wares by walking or driving about the City.
- VEHICULAR FOOD OR BEVERAGE VENDOR** – Any person traveling through the streets of the City in a motor vehicle stopping to sell food or beverages at retail to customers coming up to the vehicle.

Street Vendors Must Have Prior Written Consent To Go On Private Residential Property From The Property Owner. Street Vending from a permanent stand on Public Sidewalks & Streets is Prohibited. Section 33-136

NAME OF BUSINESS: _____
Attach Copy of State of New Jersey Tax Sale Certificate

BUSINESS ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

NAME OF APPLICANT: _____ PHONE#: _____
Please Print

APPLICANTS ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

APPLICANTS D.O.B. ____/____/____ APPLICANTS DL# _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

APPLICANTS SOCIAL SECURITY NUMBER: ____/____/____

DESCRIPTION OF MERCHANDISE, PRODUCTS, FOOD OR BEVERAGES:

Attach Copy of Certificate from the Cumberland County Board of Health if proposed business involves food or beverages

IS YOUR FOOD CART/VEHICLE EQUIPPED WITH SOME TYPE OF HEATING ELEMENT?

YES

NO

NOT APPLICABLE

(N.J.S.A. 5:70 APPLICATION FOR FIRE SAFETY PERMIT MUST BE FILED ANNUALLY WITH THE CITY OF MILLVILLE FIRE DEPARTMENT BUREAU OF FIRE SAFETY.)

***If yes, your portable food stand will be subject to an inspection from The Fire Official and/or Fire Inspector. PLEASE COMPLETE THE ATTACHED FIRE PERMIT APPLICATION AND SUBMIT TO THE FIRE OFFICIAL AND/OR INSPECTOR ACCOMPANIED BY A CHECK OR MONEY ORDER IN THE AMOUNT OF \$42.00, WHICH WILL BE DUE AND PAYABLE AT THE TIME OF THE INSPECTION.**

HOURS OF OPERATION: _____ Shall not begin before 8:00 a.m. or continue after 10:00 p.m.

DATE(S) OF SALE: _____

PLEASE NOTE: If the business is being conducted during a City event held on City property, which is planned and Sponsored by the City of Millville Parks Department or Chamber of Commerce prior written approval is required by those departments and attached to application.

GEOGRAPHICAL AREA OF THE CITY WHERE THE APPLICANT(S) INTEND TO OPERATE : (If conducted on private property written consent from property owner must be attached to application.)

OWNER INFORMATION:

NAME OF OWNER: _____ PHONE#: _____

OWNER'S ADDRESS _____
Street Number Street Name

PO No. City State Zip County

OWNER'S DATE OF BIRTH ____/____/____ OWNER'S DL# _____
Month Day Year Attach Copy of Driver's License

OWNER'S SOCIAL SECURITY NUMBER: ____/____/____

GENERAL PARTNER INFORMATION:

NAME OF PARTNER: _____ PHONE#: _____

PARTNER'S ADDRESS: _____
Street Number Street Name

PO No. City State Zip County

PARTNER'S D.O.B ____/____/____ PARTNER'S DL# _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

PARTNER'S SOCIAL SECURITY NUMBER: ____/____/____

EMPLOYEE INFORMATION:

NAME OF EMPLOYEE: _____ **PHONE#:** _____

EMPLOYEE'S ADDRESS _____
Street Number Street Name

PO No. City State Zip County

EMPLOYEE'S D.O.B. ____/____/____ **EMPLOYEE'S DL#** _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

EMPLOYEE'S SOCIAL SECURITY NUMBER: ____/____/____

NAME OF EMPLOYEE: _____ **PHONE#:** _____

EMPLOYEE'S ADDRESS _____
Street Number Street Name

PO No. City State Zip County

EMPLOYEE'S D. O. B ____/____/____ **EMPLOYEE'S DL#** _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

EMPLOYEE'S SOCIAL SECURITY NUMBER: ____/____/____

NAME OF EMPLOYEE: _____ **PHONE#:** _____

EMPLOYEE'S ADDRESS _____
Street Number Street Name

PO No. City State Zip County

EMPLOYEE'S D. O. B ____/____/____ **EMPLOYEE'S DL#** _____
Month Day Year Attach Copy of Driver's License /Legal Photo ID

EMPLOYEE'S SOCIAL SECURITY NUMBER: ____/____/____

NAME OF EMPLOYEE: _____ **PHONE#:** _____

EMPLOYEE'S ADDRESS _____
Street Number Street Name

PO No. City State Zip County

EMPLOYEE'S D. O. B ____/____/____ **EMPLOYEE'S DL#** _____
Month Day Year Attach Copy of Driver's License/Legal Photo ID

EMPLOYEE'S SOCIAL SECURITY NUMBER: ____/____/____

(1) Originating Agency Number (ORI #)		(2) Category		(3) Statute Number 13:59-1	
(4) Reason for Fingerprinting			(5) Document Type		(6) Payment Information
(7) Contributor's Case # (Unique Identifier)				(8) Miscellaneous SERVICE CODE 2F1BGJ	
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number () -		(13) Social Security Number (Optional)		(14) Date of Birth	(15) Height
(16) Weight		(17) Maiden or Alias Last Name			(18) Place of Birth (US State if US Citizen; Country for all others)
(19) Country of Citizenship					
(20) Home Address					
Address		City		State	Zip
(21) Gender (Select one) [] Female [] Male [] Both		(22) Hair Color	(23) Eye Color		(24) Race (Select One) [A] Asian/ Pacific Islander (includes Asian Indian) [B] Black [I] American Indian / Alaska Native [W] White (Includes Hispanic/ Spanish Origin) [U] Unknown
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement)			
		Employer Address		City	State
				Zip	
Identification Requirement - Acceptable Identification must be presented at the <u>time of printing</u> . Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/issuing agency) and Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2011).					

Please READ This Form Carefully:

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is **required** that you **present** this completed Universal Fingerprint Form, IDG_NJAPP_051719_V1, at your scheduled appointment.

Appointment Scheduling:

Scheduling is available anytime at <https://uenroll.identogo.com/>. Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at **1-877-503-5981**, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

Payment:

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, American Express, Discover and prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

Cancel/ Reschedule:

Appointments may be canceled or rescheduled via the website or the call center before the deadline of 5PM EST the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$12.00 plus tax (\$12.80) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. Idemia Identity & Security will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

Unable to be Fingerprinted:

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG_NJAPP_051719_V1, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$12.00 plus tax (\$12.80) appointment fee. Idemia Identity & Security will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

PCN and Receipts:

Upon the completion of fingerprinting, you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. Idemia Identity & Security will not provide *duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.*

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information:		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

**CITY OF MILLVILLE
INDEMNITY CLAUSE
(HOLD HARMLESS AGREEMENT)**

*“To the fullest extent permitted by law, (_____)
Name of Contractor/Vendor/Facility User*

*agrees to defend, pay on behalf of, indemnify, and hold harmless the City of
Millville, its elected and appointed officials, its agents, employees and volunteers
and others working on behalf of the City of Millville against any and all claims,
demands, suits or loss, including all costs connected therewith, and for any
damages which may be asserted, claimed or recovered against or from the City of
Millville, its elected and appointed officials, its agents, employees, volunteers or
others working on behalf of the City of Millville by reason of personal injury,
including loss of the use thereof, which arises out of or is in any way connected to
or associated with this _____.”
Type of Event*

*By: _____ Date _____
Contractor/Vendor/Facility User*

Notary Date

USE OF MUNICIPAL FACILITIES

Individuals- Weddings, wedding receptions, graduation parties, etc.

Non-Profit/Charitable Groups- Civic groups, service clubs, churches, etc.

Commercial Rental- Flea markets, business displays/seminars, parties, receptions.

REQUIREMENTS

I. INDIVIDUALS

A. General Liability- \$100,000.00

Evidence that the individual has personal liability insurance in force is usually sufficient. This will normally take the form of a "Homeowners, Condo, or Tenants" policy where the personal liability coverage is included along with other coverages for the individual. A copy of the policy should be kept with rental agreement as evidence of coverage.

II. NON-PROFIT/CHARITABLE GROUPS

A. General Liability- \$300,000.00

B. Municipality named as "Additional Insured"

C. Hold Harmless Agreement required in "Use of Facilities" agreement

III. COMMERCIAL (FOR PROFIT) GROUPS

A. General Liability- \$1,000,000.00

B. Municipality named as "Additional Insured"

C. Hold Harmless Agreement required in "Use of Facilities" agreement

NOTE:

You may wish to include the following language in your "Use of Facilities" agreement:
"The Facility User shall not be allowed access to the facility until it has obtained the insurance required under this contract. All coverage shall be with insurance carriers licensed and admitted to do business in the State of New Jersey and acceptable to the municipality."

See Special Events Section on Liquor Liability if applicable.

If the "Facility User" contracts with a caterer, adequate insurance coverage should be secured from them as well.

NOTE: Your ultimate weapon is to not allow use of facilities, commencement of work, and/or to withhold payment under contract until proper Certificates are received.

ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER ----- -----	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED ----- -----	INSURERS AFFORDING COVERAGE	NAIC#
	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANYAUTO <input type="checkbox"/> ALL DWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANYAUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESSUMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

Sample

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

THE CITY OF MILLVILLE IS LISTED AS THE ADDITIONAL INSURED.
 TYPE OF EVENT:
 DATE OF THE EVENT:

CERTIFICATE HOLDER CITY OF MILLVILLE 12 SOUTH HIGH STREET MILLVILLE, NEW JERSEY 08332	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE _____
--	---

OFFICE USE ONLY

CHIEF OF POLICE:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Police Chief _____
Signature Date

A brief explanation, if license was denied: _____

FIRE OFFICIAL:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Fire Inspector _____
Signature Date

A brief explanation, if license was denied: _____

INSURANCE AGENCY:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: Insurance Agent _____
Signature Date

A brief explanation, if license was denied: _____

CITY CLERK:

APPLICATION WAS RECEIVED BY MY OFFICE ON _____
Date Received By

APPROVED: DENIED: City Clerk _____
Signature Date

A brief explanation, if license was denied: _____



**Millville Fire Department
Bureau of Fire Safety**

**Chief John F. Wettstein III
Chief of Department - Fire Official
420 Buck Street, Millville, NJ 08332
Tel: 856-327-3334 - Fax: 856-327-2319**

APPLICATION FOR A FIRE SAFETY PERMIT

ENCLOSED FOOD TRUCK REQUIRING A FIXED FIRE SUPPRESSION SYSTEM

NOTE: A SEPARATE PERMIT APPLICATION IS REQUIRED FOR EACH VEHICLE

NOTE: DOES NOT INCLUDE CARTS OR TRUCKS WHICH ARE NOT REQUIRED TO BE PROVIDED WITH A FIXED FIRE SUPPRESSION SYSTEM BY NJ UNIFORM FIRE CODE (N.J.A.C. 5:70-4.7(g)).

APPLICANT	PROPERTY OWNER
Name:	Name:
Food Truck Name:	
Address:	Address:
Telephone #	Telephone #
Email address	Email address
Cellular #	Cellular #

I would like a Fire Safety Permit for (check all that apply):

- Use of Food Truck in temporary location or for a specific Event (event permit)
- Use of Food Truck in semi-permanent location approved by the municipality (annual permit)
- Other (Please describe):

EVENT PERMIT INFORMATION:

The food truck will be used in the following location: (Include street address as well as description of location on property)

The food truck will be used for the following /event: (Description of the event, ie – “Smith wedding”)

The food truck will be used:

on/between _____, and
(date)

between the hours of _____ and _____.

The food truck will be set up on (date & time) _____

EVENT PERMIT INSPECTION INFORMATION:

Name/contact information of inspection contact/responsible party to be present at time of inspection:

ANNUAL PERMIT/SEMI-PERMANENT LOCATION INFORMATION

The food truck will be used in the following location: (Include street address as well as description of location on property)

The food truck will be used:

on/between _____, **and**
(days of week)

between the hours of _____ **and** _____.

Date/Time Requested for yearly Inspection:

Name/contact information of inspection contact:

ADDITIONAL INFORMATION:

Vehicle Information:

Vehicle Registration (License) # _____ State: _____

Is this Vehicle is equipped with an exhaust hood Yes No

If answer is “yes”, please complete the following:

1. Number of appliances located under the hood _____

2. Appliance Type (number of each type – all that apply):

_____ Stove _____ Griddle _____ Oven _____ Deep Fryers _____ Other

3. This vehicle is equipped with a “K-Type” fire extinguisher Yes No

4. Date of Last suppression system inspection: _____

Number of propane tanks mounted on the vehicle : _____

Size of propane tanks (lbs) mounted on the vehicle: _____

This application must be accompanied by the following:

- A letter granting permission to obtain a permit from the property owner, if the applicant is not the owner of the property (sample attached).
NOTE: a letter of permission is not required if vehicle is parked on a public street pursuant to a “street closing” approval granted by the municipality..
- A copy of an “Inspection Report” for the kitchen hood fire extinguishing system, issued by a Fire Protection Company authorized by the NJ Division of Fire Safety (NJ Permit) to perform such inspections, and issued no more than 6 months prior to the date of the event.
- Payment of Type I Permit Fee (\$54) (Cash or Check only) Payment is due at time of application!**

PLEASE NOTE:

- **FAILURE TO BE PRESENT AT TIME INSPECTION WILL RESULT IN A DENIAL OF THE FIRE SAFETY PERMIT**
- **FAILURE TO COMPLY WITH ALL OF PERMIT CONDITIONS AT THE TIME OF INSPECTION WILL RESULT IN THE DENIAL OF THE FIRE SAFETY PERMIT.**
- **THE PERMIT MAY BE REVOKED BY THE FIRE OFFICAL OR DESIGNATED REPRESENTATIVE FOR FAILURE TO COMPLY WITH THE CONDITIONS OF ISSUANCE OR ANY VIOLATIONS OF ANY PROVISIONS OF THE NEW JERSEY FIRE CODE.**

I hereby acknowledge that I have read this application, that the information I have given is correct, that I am the owner or am duly authorized to act in the owner's behalf, and as such hereby agree to the requirements and/or any conditions imposed by the Fire Official.

Name

Date

(Corporate letterhead)

(Today's Date)

Millville Fire Department
Bureau of Fire Safety
420 Buck Street
Millville, NJ 08332
Attn: Fire Marshal

RE: Permission to use property for activity requiring a permit issued pursuant to N.J.A.C. 5:70-2.7-1.1 et. seq.

TO: Millville Fire Marshal

Please be advised that I own or otherwise have control of real property known as:

(Address of property)

and furthermore that I give my consent and permission to the following person(s) or company to obtain a fire safety permit required by N.J.A.C. 5:70-2.7 et seq., for the purpose of conducting an activity or process on the above property. The authorized vendor is:

(Date of Event)

(Vendor Name – person/business name)

(Vendor Address)

Sincerely,

(Signature)

(Printed Name)

Bureau of Fire Safety

City of Millville Fire Department

Chief John F. Wettstein III
Chief of Department – Fire Official
420 Buck Street
Millville, NJ 08332

Enclosed Mobile Food Trucks and Tent Vendor Permitting & Inspection Requirements

N.J.A.C. 5:70-2.7(a); All cooking vendors shall be required to apply for a fire safety permit issued by the Millville Fire Department Bureau of Fire Prevention. All permits shall be made available to the fire official upon inspection.

N.J.A.C. 5:70-2.7 xix State regulations now require a permit for mobile or temporary food preparation activities, where open flame or flame-producing devices or appliances are used, or grease-laden vapors are produced. The new code requires a new permit every time the unit relocates and/or set up. Applications must be submitted, and fees must be paid 3 business days prior to the event and inspection.

Mobile Units. (N.J.A.C. 5:70-4.7(g) All commercial cooking operations that produce grease-laden vapors shall be equipped with a ventilating hood, duct, and automatic fire suppression system designed to comply with the applicable requirements of NFPA 96.

Mobile Food Vendor Cooking Equipment Requirements

1. The suppression system must be inspected and tested within previous six (6) months by a company possessing a valid NJ Division of Fire Safety Contractor License. (NJ registration vehicles only) The operator must have a copy of the fire suppression system inspection report in the vehicle.
2. All electric connections, wiring and circuits shall be installed in a safe manner. (604.1)
3. All cooking, gas powered, or electrically energized equipment shall meet manufacturer specifications. (NFPA 96 13.1.2.1)
4. All equipment or systems shall be listed or labeled for the use and operation. (108.7)
5. Cooking appliances shall be isolated from the public by physical guard, fence or enclosure installed not less than 3 feet away from the heat source. (108.7)

Mobile Food Vendor Safety Requirements

1. Operators shall check the tank, appliances, and all fittings and connections for proper connection and test for leaks prior to every operation.
2. Mobile or temporary cooking operations shall be separated from the entrances and other exits of the buildings or structures, combustible materials, other vehicles, and other cooking operations by a clear space distance of 10 ft. (NFPA 96 17.2.1)
3. All weather NO SMOKING signs shall be posted in and around all propane storage tanks. (5706.4.8)
4. Kitchen ventilation exhaust hood and filters shall be clean of any grease residue. (904.12.5.2)
5. A minimum rated 2A:10B:C fire extinguisher is required; all extinguishers shall have a valid service tag. (319.4.2) All extinguishers shall be near an exit or outside of the cooking area.
6. A class K extinguisher is required if cooking is equipped with deep fat fryers. In addition, shall be compatible with the automatic fire extinguishing system agent. (Wet Chemical Agents) (319.4.2)
7. Carbon monoxide and gas detection alarms shall be placed within the vehicle. (319.8.5)

Propane Safety Requirements

1. All gas fittings must be tight and free from leaks; a leak test will be conducted prior to the beginning of your operation. (319.5) Do not light cooking appliances prior to the inspection.
2. Propane cylinders must be inspected for rust, damage, dents, leaks, alterations. (319.5)

3. Propane hoses, exposed portions, must be inspected for general condition and leaks. Connection between body components shall be hard piping (no rubber hoses). All piping, including valves and fittings, shall be protected from tampering or impact vibration damage. (31.9.8.4)
4. All propane cylinders shall be securely mounted and restrained to prevent movement. (319.8.2)
5. A listed LP-gas alarm shall be installed within the vehicle in the vicinity of the LP-gas system components, in accordance with the manufacturer's instructions. (319.8.5)
6. Gas cooking appliances shall be secured in place and connected to fuel-supply piping with an appliance connector complying with ANSI Z21.69/CSA 6.16. The connector installation shall be configured in accordance with the manufacturer's instructions. Movement of appliances shall be limited by restraining devices installed in accordance with the connector and appliance manufacturer's instructions. (319.10.3)
7. Fuel-gas piping systems installed on the vehicle shall be inspected annually by an approved inspection agency, to ensure that system components are free from damage, suitable for the intended service and not subject to leaking. (319.10.3)
8. LP-gas containers installed on vehicles shall be inspected annually by an approved inspection agency or a company that is registered with the U.S. Department of Transportation to requalify LP-gas cylinders.
9. Maximum propane tank size is 120 lbs. Maximum aggregate capacity shall not exceed 200 lbs propane capacity per vehicle. (319.8.1)
10. Propane cylinders must be attached to the vehicle. Propane containers and regulators must be installed on the outside of the vehicle, unless in a cabinet that is vapor tight to the inside of the vehicle, accessible only from outside the vehicles, and properly vented to the exterior of the vehicle. (319.8.3)
11. Piping materials used must be approved for LP-Gas service. Piping must be underneath the floor in a protected location, fastened and protected from vibration, abrasion, and damage. NFPA 58 (6.26.5.1)
12. Propane cylinders must be attached to the vehicle. They may not be free standing, even if properly secured. (319.8.2) and (NFPA 58-6.21.3.4)

Alternate fuels not listed above will be regulated in accordance with the NJ Fire Code and other applicable standards.

Generator Safety Requirements

1. All gasoline powered generators shall maintain a minimum of 10 feet from all combustibile materials, building openings and/or LPG tanks. (103.2 1)
2. Generator exhaust shall not create excessive smoke or directed towards building openings. (103.2)
3. Refueling shall be from an approved safety can. In addition, in an area away from the public. (103.2 1)
4. The generator must be shut off when refueling. (103.2 1)
5. Generators shall be located at least 10 ft. from mobile or temporary cooking operations (NFPA 96 17.5.2.1)
6. Generators shall be installed not less than 10 ft. from combustibile materials and shall be isolated from the public by physical guard, fence or enclosure installed not less than 3 ft. away from the internal combustion power source. (3106.6.2)

Canopy Tents or Booth Requirements

1. Tents greater than 900 sq ft will require a Type I permit per event. N.J.A.C. 5:70-2.7
2. Outdoor assembly events with concession stands or booths using electrical equipment and temporary wiring for electrical power or lighting shall comply with the applicable provisions of the Electrical Subcode of the *Uniform Construction Code* and Sections 3106.6.1 through 3106.6.3.
3. Cooking appliances or devices that produce sparks or grease-laden vapors or flying embers (firebrands) shall not be used with 20 ft of a tent or temporary structure. (3106.5.1) Contact Fire Official for specifics.
4. Occupant load factors. The occupant load allowed in an assembly structure, shall be determined in accordance with Chapter 10. (3107.11)
5. Smoking shall not be permitted in tents or membrane structures. Approved "No Smoking" signs shall be conspicuously posted in accordance with Section 310. (3107.3)
6. Tents shall have a permanently affixed label bearing the identification of size and fabric or material type. An affidavit or affirmation shall be submitted to the fire code official and a copy retained on the premises on which

the tent or air-supported structure is located. The affidavit shall attest to all the information relative to the flame propagation performance criteria of the fabric. (3104.3 & 3104.4)

7. Tents or membrane structures shall not be located within 5 ft of lot lines, buildings, other tents, parked vehicles, or internal combustion engines. For the purpose of determining required distances, support ropes and guy wires shall be considered part of the structure/tent. (3103.8.20)
8. Generators shall be installed not less than 10 ft from combustible materials and shall be isolated from the public by physical guard, fence or enclosure installed not less than 3 ft away from the internal combustion power source. (3106.6.2)
9. Cooking appliances shall be isolated from the public by physical guard, fence or enclosure installed not less than 3 ft away from the heat source. (108.7)