

# 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:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**HAS THE APPLICANT(S), PARTNER(S), CORPORATE MEMBER(S) OR EMPLOYEE(S) EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?**

YES:  NO:

IF YES, PLEASE INDICATE:

<u>NAME</u>	<u>NATURE OF OFFENSE</u>	<u>DATE OF OFFENSE</u>	<u>PLACE OF CONVICTION</u>

**IF APPLICANT(S), PARTNER(S), CORPORATE MEMBER(S) OR EMPLOYEE(S) ARE UTILIZING A VEHICLE TO CONDUCT THEIR BUSINESS IN THE CITY OF MILLVILLE, PLEASE PROVIDE DESCRIPTION OF VEHICLE(S) BELOW:**

<u>NAME</u>	<u>YEAR</u>	<u>VEHICLE MODEL, MAKE &amp; COLOR</u>	<u>TAG NO.</u>

**EACH APPLICANT AND EMPLOYEE SHALL CONTACT THE MILLVILLE POLICE DEPARTMENT AND ARRANGE TO BE FINGERPRINTED AND THE PRINTS SHALL BE SUBMITTED TO FEDERAL AND STATE AUTHORITIES FOR COMPARISON AND CRIMINAL RECORD INVESTIGATION. IN THE CASE OF PARTNERSHIPS AND CORPORATIONS THOSE PERSONS WHO ARE REQUIRED TO PROVIDE INFORMATION FOR THE APPLICATION SHALL SUBMIT TO FINGERPRINTING. CONTACT THE MILLVILLE TRAFFIC SAFETY BUREAU @ 856-825-7010**

SIGNATURE OF APPLICANT: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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*“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: \_\_\_\_\_  
Contractor/Vendor/Facility User*

\_\_\_\_\_  
*Notary*

# 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  
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  
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  
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."*

<sup>1</sup> See Special Events Section on Liquor Liability if applicable.

<sup>2</sup> 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.

# ACORD<sup>TM</sup> 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"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR				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
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
		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 DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

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**

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**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ROBERT CONNER, MINTS INSURANCE AGENCY:**

APPLICATION WAS RECEIVED BY MY OFFICE ON \_\_\_\_\_  
Date Received By

APPROVED:  DENIED:  Robert Conner \_\_\_\_\_  
Signature Date

A brief explanation, if license was denied: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_