

# CITY OF MILLVILLE

## TEMPORARY BUSINESS

(Examples: Portable Food or Novelty Concession Stands or Portable Flower Stands at a Specific Location)

### LICENSE APPLICATION (Article 1)

**\$10.00 Application Fee Due Payable at Time of Application**  
**\$25.00 Per Day for Each Location**  
**Written Consent From Property Owner**  
**Copy of State of New Jersey Tax Sale Certificate**  
**This License May Not Be Issued for More Than 10 Days at One Time**

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

NAME OF APPLICANT: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
Please Print

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

NAME OF BUSINESS: \_\_\_\_\_  
Copy of State of New Jersey Tax Sale Certificate

TYPE OF BUSINESS:

- FLOWER STAND  NOVELTY CONCESSION STAND (NO SILLY STRING)
- PORTABLE FOOD STAND  OTHER: \_\_\_\_\_  
Please Describe

TYPE OF FOOD STAND: \_\_\_\_\_

**\*\*IS YOUR FOOD STAND EQUIPPED WITH SOME TYPE OF HEATING ELEMENT?  YES  NO**  
**(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, the Fire Sub code Official and/or Fire Inspector will be notified by copy of this application to inspect said portable food stand.**  
**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.

DATES OF SALE: \_\_\_\_\_

PROPOSED LOCATION: \_\_\_\_\_  
Attach Written Consent of Property Owner/Approval by Zoning Officer

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

**CONTINUATION - TEMPORARY BUSINESS- 2**

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

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

DATES OF SALE: \_\_\_\_\_

PROPOSED LOCATION: \_\_\_\_\_  
Attach Written Consent of Property Owner/Approval by Zoning Officer

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

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

DATES OF SALE: \_\_\_\_\_

PROPOSED LOCATION: \_\_\_\_\_  
Attach Written Consent of Property Owner/Approval by Zoning Officer

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

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

DATES OF SALE: \_\_\_\_\_

PROPOSED LOCATION: \_\_\_\_\_  
Attach Written Consent of Property Owner/Approval by Zoning Officer

**CONTINUATION - TEMPORARY BUSINESS- 3**

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

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

**DATES OF SALE:** \_\_\_\_\_

**PROPOSED LOCATION:** \_\_\_\_\_  
Attach Written Consent of Property Owner/Approval by Zoning Officer

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

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

**DATES OF SALE:** \_\_\_\_\_

**PROPOSED LOCATION:** \_\_\_\_\_  
Attach Written Consent of Property Owner/Approval by Zoning Officer

**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



# 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"/> 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 \$
		EXCESS/UMBRELLA 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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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

**CONTINUATION - TEMPORARY BUSINESS- 4**

**ZONING OFFICE:**

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

APPROVED:  DENIED:  Zoning Officer \_\_\_\_\_  
Signature Date

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

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

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

**\*CITY CLERK/ADMINISTRATOR:**

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

APPROVED:  DENIED:  City Clerk \_\_\_\_\_  
Signature Date

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