

# TOWNSHIP OF HOPEWELL

## Mercer County, New Jersey

### APPLICATION FOR PERMIT FOR FESTIVALS AND LARGE ASSEMBLIES

*(Ordinance 4-3 and 10-6.11 — Required for outdoor events of 200 or more people)*

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#### SECTION A: APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time/Hours: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

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#### SECTION B: EVENT TYPE

*Please check the category that best describes your event:*

- Festival
- Parade
- Demonstration
- Show
- Public Exhibition
- Quasi-public Exhibition
- Other: \_\_\_\_\_

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#### SECTION C: EXEMPTIONS

*Check if the applicant is exempt by resolution of the Hopewell Township Committee:*

- (a) Charitable or non-profit organizations
- (b) Veterans organizations and local service groups
- (c) Quasi-governmental groups (Police, Fire, Civil Defense)
- (d) Bona fide scholastic/interscholastic contests or official affairs
- (e) Governmental units
- (f) Events within beneficial provisions of H.T. 17:1.8g

- **(g)** Events benefiting community health, morals, safety and/or welfare, not exceeding 200 persons

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## **SECTION D: EVENT LOGISTICS & PROJECTIONS**

**Projected Attendance:** \_\_\_\_\_

**Basis for Projection:** \_\_\_\_\_

**Applicant's Experience:** (List similar past events) \_\_\_\_\_

**Sanitary & Water Facilities:** (Existing and proposed) \_\_\_\_\_

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## **SECTION E: REQUIRED ATTACHMENTS**

*The following must be submitted in typewritten form with this application:*

- **Parking & Traffic:** Detailed control plan for projected attendance.
- **Food & Beverage:** Plan for safe handling, sale, and proof of sufficiency.
- **Medical:** Plan for medical facilities based on attendance.
- **Assembly Description:** Nature of event and list of exhibitors/demonstrators.
- **Property Permission:** Written consent from owner (or government agent).
- **Insurance:** Commitment from an NJ-licensed company per ordinance.

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## **SECTION F: RENEWALS**

- **Renewal of Previous Permit:** (Same conditions apply as permit issued in year: \_\_\_\_\_)

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## **FOR CLERK'S OFFICE USE ONLY**

- Permit Fee Received
- Police Dept. Approval
- Health Dept. Approval

**Hopewell Valley Bureau of Fire Safety Event**  
**Checklist for TAPs & Festival Applications**

|  |  |
|--|--|
| <u>Event organization and address:</u> | <u>Name &amp; address of primary contact person:</u> |
|  |  |
|  |  |
|  |  |
| <b>Phone:</b>                          | <b>Cell #:</b>                                       |
| <b>Event Website:</b>                  | <b>Email:</b>  |

Event Name: \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Event Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Set-Up & Breakdown Times: \_\_\_\_\_

Location of Event: \_\_\_\_\_

|                           |        |         |                       |
|---------------------------|--------|---------|-----------------------|
| Is the event (circle one) | Indoor | Outdoor | Both Indoor & Outdoor |
|---------------------------|--------|---------|-----------------------|

Estimated No. of Participants: \_\_\_\_\_ Estimated No. of Spectators: \_\_\_\_\_

**DESCRIPTION OF EVENT - PROVIDE DETAILS OF THE EVENT INCLUDING SCHEDULE AND ACTIVITIES (attach additional pages if needed)**

PROVIDE SKETCH OF SETUP FOR OUTDOOR EVENTS – more detail may be required during the review process

*The following questions will help indicate if fire safety permits will be needed provide additional detail if yes.*

| Activity  | Yes | No | Description |
|---|-----|----|-------------|
| Will there be sleeping on-site either indoor or outdoor?  |     |    |             |
| Will there be any firepits, bonfires or other flame producing devices? (candles, torches, heaters)  |     |    |             |
| Will any fire protection systems be partially or fully disabled? (fire alarm, sprinkler system, cooking suppression, smoke control, etc.)   |     |    |             |
| Will any welding or cutting be needed for the set up or breakdown of the event?   |     |    |             |
| Will there be any roads, parking lots, fire lanes/access roads closed, blocked or have reduced widths?  |     |    |             |
| Will generators be used?  |     |    |             |
| Will there be any storage, handling, or discharging of fireworks (aerial and proximity)   |     |    |             |
| Will there be any explosive, blasting or other similar devices used or stored?  |     |    |             |
| The occasional use in any building of a multipurpose room, with a maximum permitted occupancy of 100 or more for amusement, entertainment or mercantile type purposes                           |     |    |             |
| Will there be any storage or use of flammable or combustible liquids.   |     |    |             |
| Will propane be used during the event?  |     |    |             |
| Will a barn or other farm building be used for the event?   |     |    |             |
| Will there be any tents/canopies or tensioned membrane structures? (provide square footage and dimensions)  |     |    |             |
| The temporary use of any building or portion thereof as a special amusement?  |     |    |             |
| Are any unoccupied or vacant buildings or structures to be used? (provide square footage)   |     |    |             |
| Mobile or temporary food preparation activities, where open flame or flame-producing devices or appliances are used, or grease-laden vapors are produced. (food trucks or other cooking set-up) |     |    |             |
| Carnivals and circuses employing mobile enclosed structures used for human occupancy  |     |    |             |
| Will there be inflatable rides or other carnival type activities?   |     |    |             |
| Will there be alcoholic beverages served or sold?   |     |    |             |
| Will there be temporary fencing or other barriers for crowd or access control?  |     |    |             |
| Will the event be taking place after daylight hours?  |     |    |             |
| Is there an EMS/Medical plan?   |     |    |             |
| Is there a fire safety plan?  |     |    |             |



# TOWNSHIP of HOPEWELL

MERCER COUNTY

## DEPARTMENT OF HEALTH

201 Washington Crossing Pennington Road  
Titusville, New Jersey 08560-1410  
Phone: 609.737.0120 Fax: 609-737-6836 [www.hopewelltwp.org](http://www.hopewelltwp.org)



**Public Health**  
Prevent. Promote. Protect.

### **HOPEWELL TOWNSHIP TEMPORARY FOOD LICENSE APPLICATION**

(Complete application must be received at least 10 business days prior to the event. Please print clearly.)

**FEE: \$40.00**

BUSINESS NAME: \_\_\_\_\_ PERSON IN CHARGE: \_\_\_\_\_

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

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_ TIME OF EVENT: \_\_\_\_\_

ADDRESS OF EVENT SITE: \_\_\_\_\_

ALL FOOD TRUCKS **MUST PROVIDE** A COPY OF THEIR MOST RECENT HEALTH DEPARTMENT INSPECTION REPORT FROM THE TOWN WHERE THEY ARE BASED IN.  Check box if included

If you are cooking with propane or any open flame you will need to contact the Fire Safety Department for additional permit. Please call (609) 730-8156.

**COMPLETE THE FOLLOWING: (Answer all Questions - Both sides of Form)**

#### MENU

What kind of meats or poultry will be served?

\_\_\_\_\_

#### HOW SERVED

Hot  Cold

Hot  Cold

What kind of fish or shellfish will be served?

\_\_\_\_\_

Hot  Cold

What kind of salads?

\_\_\_\_\_

Hot  Cold

What kind of beverages?

\_\_\_\_\_

Hot  Cold

What kind of desserts?

\_\_\_\_\_

Hot  Cold

Any other foods not previously listed?

\_\_\_\_\_

Hot  Cold

Hot  Cold

Hot  Cold



# TOWNSHIP of HOPEWELL

## MERCER COUNTY

### DEPARTMENT OF HEALTH

*Also Serving Hopewell Borough & Pennington Borough*

201 Washington Crossing Pennington Road

Titusville, New Jersey 08560-1410

Phone: (609) 737-0120 / Fax: (609) 737-6836



**Public Health**  
Prevent. Promote. Protect.

### APPLICATION TO OPERATE A MOBILE RETAIL FOOD ESTABLISHMENT

- This application is intended for mobile establishments operating on private property, within Hopewell Township only, and in accordance with Ordinance No. 23-1812.
- Do not submit this application for events held on public property (e.g. parks).
- If you are cooking with propane or any open flame, contact the Fire Safety Dept. at 609-730-8156.
- A complete application is required at least 10 business days prior to operation in the Township.
- Once an application is approved, arrangements shall be made with HTHD staff for an inspection *prior to first operation* within the Township.

#### PRINT CLEARLY

CLERK REGISTRATION NUMBER as per Hopewell Twp. Ordinance No. 23-1812: \_\_\_\_\_

I have read and understand the operating requirements & limitations of the above-referenced Ordinance.

Trading Name of Mobile Vendor: \_\_\_\_\_

Owner/Corporation: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Person-In-Charge: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**LICENSE PLATE #** \_\_\_\_\_ **VIN #** \_\_\_\_\_

**COMPANY VEHICLE NO. (if applicable):** \_\_\_\_\_

*\*\*\*Mobile Licenses are not transferrable\*\*\**

#### BASE OF OPERATIONS / SERVICING AREA / COMMISSARY

All mobile units shall operate from an approved facility, licensed and inspected, for the storage, preparation, and handling of food and identify a base location for which the vehicle returns regularly for vehicle & equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food. Home preparation & storage of food is strictly prohibited. A copy of the most recent sanitary inspection report must be included with this application.

Names and Addresses of Servicing Area(s): \_\_\_\_\_

A copy of the most recent Health Department inspection report for the servicing area(s) is enclosed.

The above-listed facility is used for the following (check all that apply):

Storage of Food     Water Supply     Waste Disposal     Storage of Supplies  
 Cleaning of Equipment / Utensils     Food Prep     Repairs of mobile unit     Daily storage of mobile unit

|  |  |  |
|--|--|--|
| LIST <u>ALL</u> MENU ITEMS, including all food, toppings & beverages ( <i>attach additional pages as necessary</i> ) | Where are ingredients purchased for this item? | Describe whether the item is prepared or cooked at the vending site (VS) or the servicing area (SA). |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

A Food Safety Manager-level certification is enclosed for Risk-type 3 establishments (*any operation with an extensive menu which requires the handling of raw ingredients, and is involved in the complex preparation of items including the cooking, cooling, and reheating of at least three or more potentially hazardous foods*).

OR  Applicant certifies that only Risk-type 1 and/or 2 activities are conducted.

**DESCRIBE THE FOLLOWING:**

Method for keeping cold foods below 41°F and hot foods above 135°F during transportation to the event

Method for re-heating and/or cooking food items at the event (list all equipment & power sources)

Method for hot-holding at the event (e.g. steam table, warming box)

Method for keeping food items cold at the event:

Handwashing Facilities \_\_\_\_\_

**PLEASE LIST THE DATES/EVENTS YOU WILL BE OPERATING AT OR INCLUDE A SEPARATE SHEET** \_\_\_\_\_

**FEE OPTIONS:**

Annual License (July 1 – June 30) - \$100  
 Temporary (one time event) - \$40

**RETURN APPLICATION (w/ Fee and Supporting Documents) to:**

Hopewell Township Health Department  
201 Washington Crossing Pennington Road  
Titusville, NJ 08560

*(Make checks payable to: Township of Hopewell)*

The undersigned applicant certifies that all information provided on this application is correct and applicant agrees to operate in accordance with N.J.A.C. 8:24 "Sanitation in Retail Food Establishments and Food & Beverage Vending Machines" as well as any local ordinances.

*(Signature of Applicant)*

*(Date)*

**FOR HEALTH DEPARTMENT USE ONLY**

Date Received: \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_ License Number: \_\_\_\_\_

page 8 Revised: 04-25-2024

While transporting food to the event, explain how you will ensure cold foods maintain 41° F or below & hot foods 135° F or above (e.g. coolers w/ ice packs, insulated containers, etc.)

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**During the Event:**

Method for keeping cold foods at 41° F or below:  refrigerator  freezer  ice chest  other (explain)  N/A

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Method for keeping hot foods at 135° F or above:  steam table  grill  sterno  other (explain)  N/A

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Method used to protect foods on display:  sneeze guards  display cases/covers  other (explain)  N/A

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**Off-Site Facilities:**

Food for the event will be purchased from: \_\_\_\_\_

\* Name & Address of where any food will be stored or advanced food prep for the event will be performed (i.e. restaurant or commissary):

\* Preparation of food in a "home kitchen" is strictly forbidden without a Cottage Permit from the NJDOH.  
If you have a Cottage Permit, a copy must be included with application.

**FEE:** (Check one of the following)

I am currently licensed as a permanent retail food establishment in Hopewell Township (fee waived)  
 I am an outside vendor not licensed as a permanent establishment in Hopewell Township (\$40.00)

**RETURN APPLICATION (w/ FEE) to:**  
Hopewell Township Health Department  
201 Washington Crossing Pennington Road  
Titusville, NJ 08560

**(Make checks payable to: Township of Hopewell)**

I hereby certify that all the above listed information is correct and I fully understand that any deviation from the above without prior permission from the Hopewell Township Health Department may nullify this license.

**(Signature of Applicant)**

**(Date)**

**FOR HEALTH DEPARTMENT USE ONLY**

Date Received: \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_ License Number: \_\_\_\_\_

Revised: 04-10-2023



**TOWNSHIP OF HOPEWELL  
MERCER COUNTY  
OFFICE OF THE MUNICIPAL CLERK**

**MOBILE FOOD TRUCK FACILITY LICENSE APPLICATION**

Attached please find Hopewell Township Ordinance No. 23-1812 which sets forth the conditions for the licensing of Mobile Food facilities within Hopewell Township, Mercer County, New Jersey. These conditions will be strictly enforced. Violation of the conditions of your license may result in a fine and/or revocation of your Mobile Food Truck Facility License.

Upon successful completion of this application, a license will be issued by the Municipal Clerk. The license will be applicable from January 1 of the current year until December 31 of the current year, regardless of the date for which the license is applied. All licenses will be effective and terminate on December 31 of the year in which the license is issued.

**PLEASE PROVIDE THE FOLLOWING:**

APPLICANT EMAIL ADDRESS: \_\_\_\_\_

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

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

VENDOR PHONE NUMBER: \_\_\_\_\_

OWNER NAME (IF DIFFERENT THAN VENDOR): \_\_\_\_\_

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

OWNER PHONE NUMBER: \_\_\_\_\_

VEHICLE LICENSE PLATE NUMBER: \_\_\_\_\_

VEHICLE NUMBER: \_\_\_\_\_

A COPY OF BUSINESS CERTIFICATE OF REGISTRATION ISSUED BY NJ DIVISION OF TAXATION

PROOF OF GENERAL LIABILITY INSURANCE (AMOUNT NOT LESS THAN \$500,000 PER INCIDENT, \$1,000,000 AGGREGATE.)

**EACH TRUCK MUST BE INDIVIDUALLY LICENSED**

**FEES: 50.00 PER REGISTRATION FOR CALENDAR YEAR**

**VETERANS AND VOLUNTEER FIREFIGHTERS ARE EXEMPT FROM FEE.**

I have read and agreed to the terms of Hopewell Township Ordinance 23-1812. By providing my signature below, I hereby request that my application be considered.

\_\_\_\_\_  
Applicant Name: Please Print Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**FOR TOWNSHIP USE ONLY:**

**Date Application Received:** \_\_\_\_\_

**Date Approved by Municipal Clerk:** \_\_\_\_\_

**Date Denied by Municipal Clerk (If applicable):** \_\_\_\_\_

**License Number:** \_\_\_\_\_

**SUBMIT APPLICATION WITH APPLICABLE DOCUMENTS AND FEE TO:**

**Katherine Fenton-Newman, Municipal Clerk  
Township of Hopewell  
201 Washington Crossing-Pennington Road  
Titusville, NJ 08560**

**Questions? Call the Clerk's Office at: 609-737-0605, Extension 6620 or 6760**