



Ewing Township

MUNICIPAL COMPLEX, 2 JAKE GARZIO DRIVE, EWING, NJ 08628 (P) 609-883-2900 X7609 FAX 609-771-0480

Application to Operate a Seasonal Farmers Market

Please provide the following information for the operator/manager of the Seasonal Farmers Market

Applicant's Name _____ Age _____

Social Security or Federal Identification Number _____

D.O.B. _____ Weight ____ Height ____ Hair Color _____ Eye Color _____ Sex _____

Permanent Residence:

Street _____ City _____, State ____ Zip Code _____

Local Residence (if different):

Street _____ City _____, State ____ Zip Code _____

Home Telephone number _____ Cell Phone Number _____

Email address: _____

Have you ever been convicted of a crime, misdemeanor or disorderly persons offense?

_____ Yes _____ No If yes, please provide date(s) and nature of offense:

List other municipalities where applicant has engaged in the activities of conducting a Farmers Market, whether or not a permit was applied for or received in connection therewith.

Have you ever been denied a permit to operate a Farmers Market? _____ Yes _____ No

If so, please provide information as to the municipality, approximate year and circumstances:

If yes, has your permit or license has ever been revoked? _____ Yes _____ No



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If yes, please provide information as to the municipality, approximate year and circumstances:

Two horizontal lines for providing information.

If you are unable to provide any of the foregoing information, please provide the reasons why such information is unavailable.

Empty rectangular box for reasons why information is unavailable.

Seasonal Farmers Market Information

Name of Farmers Market _____

State of incorporation/registration (if the applicant is not an individual) _____

Name of Registered Agent _____

Address or Registered Address:

Street _____ City _____ State ____ Zip Code _____

Please indicate the dates during which the business is to be conducted, which must be within the seasonal market range of April 1 to October 31.

Empty rectangular box for dates of business.

Vendors

Please list all vendors and the products that they will be selling at the market. If there are mobile retail food establishments that will be selling food for immediate consumption, or handling food or farm products which require inspection by the Ewing Township Health Officer please include a copy of the Board of Health License.

Table with 3 columns: Vendor Name, Product(s), Copy of Board of Health License Attached. Contains 5 empty rows.



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Table with 3 columns and 7 rows for vendor information.

If you require additional space to complete the list of vendors, please use the back of this form.

Applications of corporations, partnerships or other entities shall have attached to their applications individual statements containing all of the information required by this subsection as to each employee or agent who shall engage in the licensed activity; said statements shall be signed and sworn to by each employee or agent and shall be treated, for investigation purposes, as separate applications to engage in a licensed activity. Applications by partnerships, corporations or other entities shall be signed by an authorized representative of the corporation, partnership or entity. []

Police Department

Approved _____ Yes _____ No

Remarks _____

Date: _____

Signature of Investigating Officer

ALL APPLICANTS SHALL SUBMIT THE ORIGINAL OR A CERTIFIED COPY OF A VALID CERTIFICATE OF AUTHORITY ISSUED BY THE DIRECTOR OF THE NEW JERSEY DIVISION OF TAXATION, PURSUANT TO N.J.S.A. 54:32B-15, EMPOWERING THE VENDOR TO COLLECT SALES TAX. CERTIFICATES SHALL NOT BE REQUIRED FOR THE SALE OF PROPERTY EXEMPTED FROM SALES AND USE TAXATION PURSUANT TO N.J.S.A. 54:32B-8.2. ALL VENDORS SHALL ATTACH THE ORIGINAL CERTIFICATE TO THEIR CART, STAND, TRUCK OR OTHER MERCHANDISING DEVICE, AS REQUIRED BY N.J.S.A. 54:32B-15. []

Photographs, approximately 2 1/2 inches by 2 1/2 inches []

Seasonal Farmers Market Fees:

One – five vendors - \$100 []

Six - ten vendors - \$150 []

Eleven - fifteen vendors - \$200 []

More than fifteen vendors - \$250 []

Evidence of Insurance

Included with submission is evidence of a minimum of \$1,000,000 comprehensive general liability insurance coverage covering all activities at the Farmers Market and Vendors operating therein. []