



The JJ Braddock Farmers Market Application Form 2015



Managed by: Washington Park Association of Hudson County, Inc.

[Market will start on Sunday, June 7, 2015 and run through Sunday, August 30th from 9AM – 2PM]

Address: Riverview Drive Traffic Circle in J.J. Braddock Park

Please print all information clearly. Return to 662 Palisade Avenue, Jersey City, New Jersey 07307 or email to wpahudsoncounty@gmail.com, by April 17, 2014. If you have any questions please call Mory Thomas at: 646-648-3390. All checks should be made payable to WPA.

NAME: _____

PHONE: _____

E-Mail Address: _____

NAME OF BUSINESS/FARM: _____

MAILING ADDRESS: Street/PO Box _____

Physical location of farm Street/location _____

City, County and Zip _____

SS# or Tax ID code to expedite permit _____

Vendor Types: (circle one or more)

Farm Vendor

Sells agricultural products grown on their own farm within 250 miles of North Bergen, NJ. Farm vendors can sell both added-value (such as jelly or cheese) and/or fresh agricultural products, 80% of which are directly grown or produced on their own farm. Farm vendors may sell a portion of products from other local NJ farms upon approval of the board. (All products/produce from other farms must be labeled).

Prepared Food Vendor

Sell foods including: baked goods, coffee, sauces, jellies, and dairy. WPA prioritizes vendors who source as much of their ingredients from local farms within 250 miles of North Bergen. In compliance with NJ regulations such foods must be prepared in licensed inspected commercial kitchens. See Ch. 24 of the NJ Health regulations.

Concession Food Vendor

Food trucks with City and State verified permits may sell food cooked at the market. Vendors may also sell reheated food that has been prepared in a commercial kitchen. WPA prioritizes vendors who source as

much of their ingredients from local farms within 250 miles of North Bergen as much as possible.

Specialty Vendor

Which includes merchandise, products or services that complement the food offerings or further the mission of the WPA, i.e. knife sharpening, organic beauty products or local pet food.

Artisan/Craft Vendor

Which are vendors who sell unique and high-quality handcrafted art and craft work.

Please specify what type of vendor category pertains to your farm or business. _____

If you are a farm vendor please indicate:

NUMBER OF ACRES UNDER CULTIVATION: _____

FARMING PRACTICES:

Certified Organic__ Registered Organic__ Chemical Fertilizer and Pesticide free__ Conventional__ Bio-Dynamic__

PRODUCTS FOR SALE:

List items, fresh or prepared, which you intend to sell. Please be as specific as possible.

Will you be selling any products produced by another vendor or establishment? Please list and indicate the percentage of your products that are not produced by yourself.

PRICING: Our neighborhood is mixed income and we would like to ensure that products sold at the market are reasonably affordable for our community. Please list the price range of your products and if these prices are comparable to similar products sold at Farmers Markets.

Employees:

Please list all of the employees who will be working at your booth other than yourself along with contact information. If your staff changes please provide new contact information:

Washington Park Association of Hudson County, Inc. expects all vendors who employ hired staff to comply with New Jersey Labor standards for wages and breaks and Equal Employment Opportunity guidelines.

Vendor fees:

- Food vendors (farm, prepared and concession) \$25 fee for a 10ft x 10ft booth per week. There will be a \$10 fee for one or more additional booths.
- Specialty, Craft, Artisan and small business incubators designated by the board (which can include some food vendors) will be charged a \$25 weekly fee.

Vendors who pay in full by May 7, 2015 will receive a %10 discount.

NUMBER OF BOOTHS (10' X 10') _____

Will you be participating in the WIC Farmers Market Nutritional Program in the 2015 season? If yes, you will be asked to display your WIC poster at your market display. YES ___ NO ___

Please describe the tables, trucks, freezers, etc in your display and forward pictures of your setup. Indicate how much space your booth requires. Include a list of any special needs your booth will require. The WPA Board will make every effort to accommodate your needs.

INSURANCE: Every vendor and nonprofit organization at the JJ Braddock Farmers Market are **required** to send proof of liability insurance by May 15th **and name these three entities as additionally insured (on separate documents) for the dates of the Farmers Markets: June 7, 14, 21, 28; July 5, 12, 19, 26; August 2, 9, 16, 23, 30 (See examples below). Since JJBraddock Park is a Hudson County park they are also requiring each vendor to sign a “Hold Harmless” agreement, which is attached at the bottom.**

Washington Park Association of Hudson County, Inc
662 Palisade Avenue
Jersey City, NJ 07307

AND

County of Hudson
Dept. of County Counsel
567 Pavonia Avenue
Jersey City, New Jersey 07306

AND

Township of North Bergen
4233 Kennedy Blvd.
North Bergen, NJ 07047

Name of insurance carrier: _____

Policy Number: _____

SIGNATURE: _____ DATE: _____

I HAVE READ THE ATTACHED FARMERS MARKET VENDOR RULES AND REGULATIONS AGREEMENT AND AGREE TO ABIDE BY THEM. I UNDERSTAND THAT NON-COMPLIANCE WITH THE BY-LAWS OF THE MARKET OR WIC REGULATIONS CAN RESULT IN MY

MEMBERSHIP BEING REVOKED.

SIGNATURE OF VENDOR: _____ **DATE:** _____

Vendors cannot participate until they complete all the required insurance documents and have them approved by the market manager. Have your insurance provider complete all the certificates of liability insurance and email them back to us along with the signed and scanned Hold Harmless agreement. Email:
wpahudsoncounty@gmail.com



— Sample only —
CERTIFICATE OF LIABILITY INSURANCE

WASHI-2 OF ID: C6

DATE (MM/DD/YYYY)
 06/10/15

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <p style="font-size: 2em; text-align: center;">AGENT Name</p>	201-262-1431 201-262-3740	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #
INSURED <p style="font-size: 1.5em; text-align: center;">Vendor Name & Address</p>		INSURER A: <u>ABC INS Co</u> INSURER B: <u>XYZ INS Co</u> INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL/SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	123456	3-1-15	3-1-16	EACH OCCURRENCE \$ <u>1,000,000</u> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <u>50,000</u> MED EXP (Any one person) \$ <u>5,000</u> PERSONAL & ADV INJURY \$ <u>1,000,000</u> GENERAL AGGREGATE \$ <u>2,000,000</u> PRODUCTS - COM/OP AGG \$ <u>Included</u>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS		Sample			UMBRELLA LIAB OCCUR \$ EXCESS LIAB CLAIMS-MADE \$ DED RETENTION \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	276543	5-1-15	5-1-16	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ <u>100,000</u> E.L. DISEASE - EA EMPLOYEE \$ <u>500,000</u> E.L. DISEASE - POLICY LIMIT \$ <u>100,000</u>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

As Additional Insured's: City of Union City, NJ, County of Hudson, and Washington Park Association of Hudson County, Inc with respect to Events sponsor by Washington Park Assoc.

CERTIFICATE HOLDER Washington Park Assoc of Hudson County Inc 662 Palisade Ave Jersey City Heights, NJ 07307	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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FOR TOWNSHIP OF NORTH BERGEN:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) **X**

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PRODUCER <i>Insurance Provider Address</i>	CONTACT NAME: X	FAX (A/C, No.):
	PHONE (A/C, No., Ext): X	
INSURED <i>Vendor Address</i>	E-MAIL ADDRESS: X	INSURER(S) AFFORDING COVERAGE
		NAIC #
	INSURER A: X	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	GENERAL LIABILITY		XYZ	DATE	DATE	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000	
	GENL AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000	
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT				GENERAL AGGREGATE \$ 2,000,000	
	<input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$	
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$	
	DED	RETENTION \$				\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		XYZ	DATE	DATE	WC STATUTORY LIMITS	
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N				<input type="checkbox"/> N/A	E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE EA EMPLOYEE \$ 500,000	
							E.L. DISEASE POLICY LIMIT \$ 500,000

If applicable →

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

MARKET DATES: _____

TOWNSHIP OF NORTH BERGEN IS ADDITIONAL INSURED UNDER THE BRACKET ADDITIONAL INSURED VENDORS CLAUSE

CERTIFICATE HOLDER TOWNSHIP OF NORTH BERGEN 4233 Kennedy Blvd North Bergen, NJ 07047	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE X
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ACORD 25 (2010/05)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) **X**

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PRODUCER X Insurance Provider Address	CONTACT NAME: X PHONE (A/C, No, Ext): X FAX (A/C, No): X E-MAIL ADDRESS: X
	INSURER(S) AFFORDING COVERAGE INSURER A: X INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED X Vendor Name Address	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			XYZ	DATE	DATE	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below			XYZ	DATE	DATE	WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE EA EMPLOYEE \$ 500,000 E.L. DISEASE POLICY LIMIT \$ 500,000
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						

IF applicable

THE COUNTY OF HUDSON IS ADDITIONAL INSURED UNDER THE BLANKET ADDITIONAL INSURED VENDOR CLAUSE FOR J.I. BRADDOCK PARK MARKET ON THE FOLLOWING DATES: _____

CERTIFICATE HOLDER THE COUNTY OF HUDSON 567 PAVONIA AVE JERSEY CITY, NJ 07306	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE X
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HOLD HARMLESS SIGNATURE REQUIRED:

HOLD HARMLESS AGREEMENT
(to be completed by organization using county facilities)

BETWEEN THE COUNTY OF HUDSON and

Name of Organization using the Facility

Address of the Organization (Not Post Office Box

Telephone Number of the Organization

Type of Organization (Individual, Partnership, Non-Profit Corporation, Corporation, Public Entity)

In consideration of the use of James J. Braddock Park on the following dates: June 7, 14, 21, 28; July 5, 12, 19, 26; August 2, 9, 16, 23, 30, 2015 for the purpose of Farmer's Market, the undersigned agrees to indemnify and hold the COUNTY OF HUDSON and its officers, agents and employees harmless from any and all liability, claims, costs and attorney's fees arising out of the use of the property referred to above.

I understand that this Hold Harmless Agreement also required that the COUNTY OF HUDSON is indemnified from any losses or damages resulting from the acts or omissions from any guest, participant, visitor or other person attending the event herein referred to.

Unless waived in writing by the COUNTY OF HUDSON, I agree to furnish a Certificate of Insurance specifically naming the COUNTY OF HUDSON as additionally insured providing general liability coverage including, bodily injury and property damage with minimum limits of liability not less than \$ 1 million/ 2 million in order to induce the COUNTY OF HUDSON to accept this Hold Harmless.

Agreement, the following information concerning the intended use of the premises is furnished:

- Alcoholic Beverages will not be served
- Live entertainment will not be provided
- Total number of persons anticipated is _____
- Other _____

This Agreement shall remain in full force and effect for any continued, additional or postponed date for the even indicated.

The county reserves the right to cancel or interrupt the event if the representations set forth therein are not adheres too or if the county determines that a situation that might lead to personal injury, property damage or violation of law exists.

Signed this _____ Date of 20__

The binding act in deed of

Name of Organization

Witness Signature

Authorizing Signature

Print Authorized Name & Title