



The Ellsworth Park Farmers Market Application Form 2015



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

[Market will start on Wednesday, June 3, 2015 till Wednesday, Sept. 23, 2015 from 3PM – 7:30PM]

Address: Ellsworth Park @ 2301 Palisade Avenue between 23rd & 24th Street

*Market day and time may change depending on vendor availability. Contact the WPA if a better day works for your business.

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:

Farm Vendor

Sells agricultural products grown on their own farm within 250 miles of Union City, 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 Union City. 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 Union City 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 weekly fee. There will be a \$10 dollar fee for each additional 10ft x 10ft space or a flat \$10 fee if less than an additional 10ft x 10ft is needed.
- 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. 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 Ellsworth Park Farmers Market are **required** to send proof of liability insurance by May 15th **and name these two entities as additionally insured (on separate documents) for all farmers market dates. Farmers Market dates are: June 3, 10, 17, 24; July 1, 8, 15, 22, 29; August 5, 12, 19, 26; September 2, 9, 16, 23, 30 (see examples below)**

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

AND

The City of Union City
3715 Palisade Ave
Union City, New Jersey 07087

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:** _____



— Sample only —
CERTIFICATE OF LIABILITY INSURANCE

WASHI-2 OP 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 AGENT NAME	201-262-1431 201-262-3740	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
INSURED Vendor Name & Address		INSURER(S) AFFORDING COVERAGE INSURER A: ABC INS Co INSURER B: XYZ INS Co 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	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	(Y) ↑	123456	3-1-15	3-1-16	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ Included
	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		Sample			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	(N/A) ↑	276543	5-1-15	5-1-16	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 100,000

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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CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER INSURANCE PROVIDER ADDRESS	CONTACT NAME: X	FAX (A/C, No): X	
	PHONE (A/C, No, Ext): X	E-MAIL ADDRESS: X	
INSURED VENDOR ADDRESS	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: X		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			XYZ	DATE	DATE	EACH OCCURRENCE \$ 1,000,000
	<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						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	AUTOMOBILE LIABILITY						MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	EXCESS LIAB						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			XYZ	DATE	DATE	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below.	Y/N	N/A				E.L. EACH ACCIDENT \$ 500,000
							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: _____
 THE CITY OF UNION CITY IS ADDITIONAL INSURED UNDER THE BLANKET ADDITIONAL INSURED VENDORS CLAUSE.

CERTIFICATE HOLDER CANCELLATION

THE CITY OF UNION CITY 3715 PAULSADE AVENUE UNION CITY, NJ 07087	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