NUTLEY FARMER'S MARKET
2021 VENDOR REGISTRATION FORM

NAME Simon Karaben **PHONE** [redacted]

BUSINESS NAME Vesco Foods LLC d/b/a Pickles Olives etc

MAILING ADDRESS 60 Saddle River Ave. Unit D

TOWN/CITY Lyndhurst **STATE** NJ **ZIP** 07606

BUSINESS ADDRESS (if not same as above)

EMAIL ADDRESS Simon@vescofood.com **WEBSITE** www.picklesandolives.com

Business Description: Vesco Foods sells pickles, olives and related products at farmers' markets

Food Type to be sold:

Fresh: _____

_____

Prepared: Pickles, Olives, tapenade, sundried tomatoes

_____

Is/Are the food(s) listed above grown in the State of New Jersey? ○ Yes ○ No

If above answer is NO – Please indicate where they were grown. _____

N/A

Is/Are the food(s) listed above grown by the above business entity? ○ Yes ○ No

If above answer is NO – Please provide name of farm/entity. _____

N/A

If food is prepared – Please indicate name and address of location _____

Vesco Foods LLC – 60 Saddle River Avenue Unit D
S. Hackensack, NJ 07606

REGISTRATION FEE: $100.00 (non-refundable) –
Make check payable to: Go Green Initiative
WEEKLY OR SEASON FEE: $300.00 **FOR THE SEASON**
(Make check payable to: Township of Nutley)

V 2912 $300.00

TOTAL ENCLOSED $ 100.00 **Check No.** 2895 $100.00

Please provide the Size/type of vehicle. Cargo Van

Security / Liability: Exhibitor assumes all responsibility and agrees to indemnify and hold event organizers and the Township of Nutley, its officials, and employees harmless from any loss, liability, costs or damages arising directly or indirectly from actual or threatened claims or causes of action resulting from the negligence or intentional misconduct by the exhibitor, employees, agents, presenter, promoter or general public. Exhibit management will not assume any responsibility for the damage and/or loss of any merchandise or articles prior to, during or following the event.

I certify that I have read and will comply with the 2021 regulations of the Nutley Farmers' Market, and with all Federal, State and Local health, safety and labor standards.

Signature [signature] Date 2/19/2021

Please return: Department of Public Affairs
Township Of Nutley
149 Chestnut Street
Nutley, NJ 07110

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/25/2021

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	CONTACT NAME: Larry Spilker ext 203
ro Insur, Inc dba ampbell Risk Management 595 Whitley Drive, Suite 204 dianapolis, IN 46240 ary Spilker Ext 203	PHONE (A/C, No, Ext): 317-848-9075 FAX (A/C, No): 317-848-9093 E-MAIL ADDRESS: lspilker@campbellrisk.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : HANOVER INSURANCE GROUP	22292
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Vesco Food LLC
60 SADDLE RIVER AVE Unit# D
SOUTH HACKENSACK New Jersey 07606

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR	X	X	[redacted]	02/28/2021	02/28/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$ 5,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$ 2,000,000
	OTHER:						GENERAL AGGREGATE	$ 4,000,000
							PRODUCTS - COMP/OP AGG	$ 4,000,000
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

The Township of Nutley, is hereby listed as additional Insured

CERTIFICATE HOLDER

Township of Nutley
149 Chestnut Street
Nutley, NJ 07110

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

John C. Campbell

2-22-21

DEPARTMENT OF HEALTH SERVICES

SANITARY INSPECTION REPORT

Valasco Vista Foods LLC Saddle Rivers Ave

Name of Establishment | Address | Date

SATISFACTORY

DETAILED SUPPORTING DATA SHEETS ARE AVAILABLE UPON REQUEST ON THESE PREMISES AND AT THE LOCAL DEPARTMENT OF HEALTH

Paul Parisi

LOCAL BOARD OF HEALTH

BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES

1 Bergen County Plaza
Hackensack, NJ 07601

Hansel F. Asmar
Director/Health Officer

Signature of Inspecting Official

B-1942

Permanent Reg. No.

Note: In accordance with the State Sanitary Code, this "report shall be posted in a conspicuous place near the public entrance of the establishment."
Specific references in the Detail Sheets are to Chapter 24 of the State Sanitary Code, and/or Title 24, N.J.S.A.

Bergen County
Department of Health Services
One Bergen County Plaza, Hackensack, NJ 07601
(201) 634-2730

RETAIL FOOD INSPECTION REPORT

Activity Type: [illegible]		Evaluation: [illegible]	
Trade Name: [illegible]	Name of Owner(s), Partnership or Corporation	Reinspection on or After:	
Establishment Location (Street Address): [illegible]	City: [illegible]	Zip Code: [illegible]	County: [illegible] / Co/Mun
Telephone No. [redacted]	Establishment Mailing Address (if different)	E-mail Address	
Name of Inspecting Official: [illegible]	REHS Lic.#: [illegible]	Name of Health Officer: [illegible]	Risk Type: [illegible] / License No.

TIME/ACTIVITY REPORT *(Codes: 1-Travel, 2-Inspection, 3-Administration)*

Date	Code	Began	Ended	Date	Code	Began	Ended	Date	Code	Began	Ended
[illegible]	1+2	[illegible]	[illegible]								

FOODBORNE ILLNESS RISK FACTORS AND INTERVENTIONS

RISK FACTORS are improper practices identified as the most common factors resulting in foodborne illness (FBI). **INTERVENTIONS** are control measures to prevent FBI.

IN=In Compliance, OUT=Not in Compliance, NO=Not Observed, NA=Not Applicable, COS=Corrected On-site; R in OUT Box=Repeat Violation

#	MANAGEMENT AND PERSONNEL	IN	OUT	N.O.	N/A	COS
1	PIC demonstrates knowledge of food safety principles pertaining to this operation.	✓				
2	PIC in Risk Level 3 Retail Food Establishments is certified by *January 2, 2010.*				✓	
3	Ill or injured foodworkers restricted or excluded as required.	✓				
	PREVENTING CONTAMINATION FROM HANDS	**IN**	**OUT**	**N.O.**	**N/A**	**COS**
4	Handwashing conducted in a timely manner; prior to work, after using restroom, etc.	✓				
5	Handwashing proper; duration at least 20 seconds with at least 10 seconds of vigorous lathering.	✓				
6	Handwashing facilities provided in toilet rooms and prep areas, convenient, accessible, unobstructed.	✓				
7	Handwashing facilities provided with warm water; soap and acceptable hand-drying method.	✓				
8	Direct bare hand contact with exposed, ready-to-eat foods is avoided.	✓				
	FOOD SOURCE	**IN**	**OUT**	**N.O.**	**N/A**	**COS**
9	All foods, including ice and water, from approved sources; with proper records	✓				
10	Shellfish/Seafood record keeping procedures; storage; proper handling; parasite destruction				✓	
11	PHFs received at 41°F or below. *Except: milk, shell eggs and shellfish (45°F)*			✓		
	FOOD PROTECTED FROM CONTAMINATION	**IN**	**OUT**	**N.O.**	**N/A**	**COS**
12	Proper separation of raw meats and raw eggs from ready-to-eat foods provided				✓	
13	Food protected from contamination	✓				
14	Food contact surfaces properly cleaned and sanitized					✓
	PHFs TIME/TEMPERATURE CONTROLS	**IN**	**OUT**	**N.O.**	**N/A**	**COS**
15	**SAFE COOKING TEMPERATURES** (Internal temperatures for raw animal foods for 15 seconds) *Except. Foods may be served raw or undercooked in response to a consumer order and for immediate service.* **130°F** *for 112 minutes*: Roasts or as per cooking chart found under 3.4(a)2. **145°F**: Fish, Meat, Pork; **155°F**: Ground Meat/Fish, Injected Meats; or Pooled Shell Eggs, **165°F**: Poultry; Stuffed fish/meat/or pasta; Stuffing containing fish/meat				✓	
16	**PASTEURIZED EGGS**: substituted for shell eggs in raw or undercooked egg-containing foods, i.e. Caesar salad dressing, hollandaise sauce, tiramisu, chocolate mousse, meringue, etc.				✓	
17	**COLD HOLDING**: PHFs maintained at "Refrigeration Temperatures" (41 °F)	✓				
18	**COOLING**: PHFs rapidly cooled from 135°F to 41°F within 6 hours and from 135°F to 70°F within 2 hours.				✓	
19	**COOLING**: PHFs prepared from ingredients at ambient temperature cooled to 41°F within 4 hours				✓	
20	**REHEATING**: PHFs rapidly reheated (within 2 hours) in proper facilities to at least 165°F; or commercially processed PHFs heated to at least 135°F prior to hot holding				✓	
21	**HOT HOLDING**: PHFs Hot Held at 135°F or above in appropriate equipment.				✓	
22	**TIME as a PUBLIC HEALTH CONTROL**: Approval, written procedures; time marked, discarded in 4 hours.				✓	
23	**SPECIALIZED PROCESSING METHODS**. Approval, written procedures; conducted properly.				✓	
24	**HIGHLY SUSCEPTIBLE POPULATIONS**. Pasteurized foods used; prohibited foods not offered.				✓	

RETAIL FOOD INSPECTION REPORT
(CONTINUED)

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods.
OUT= Not in Compliance, COS=Corrected On-site, For "Repeat" Violation, Mark "R" in OUT Box

	SAFE FOOD AND WATER / PROTECTION FROM CONTAMINATION	OUT	COS
25	Hot and cold water available; adequate pressure.		
26	Food properly labeled; original container.		
27	Food protected from potential contamination during preparation, storage, display.		
28	Utensils, spatulas, tongs, forks, disposable gloves provided and used properly to restrict bare hand contact.		
29	Raw fruits and vegetables washed prior to serving.		
30	Wiping cloths properly used and stored.		
31	Toxic substances properly identified, stored and used.		
32	Presence of insects/rodents minimized: outer openings protected, animals as allowed.		
33	Personal cleanliness (fingernails, jewelry, outer clothing, hair restraint).		
	FOOD TEMPERATURE CONTROL	**OUT**	**COS**
34	Food temperature measuring devices provided and calibrated.		
35	Thin-probed temperature measuring device provided for monitoring thin foods (i.e. meat patties and fish filets)		
36	Frozen foods maintained completely frozen.		
37	Frozen foods properly thawed.		
38	Plant food for hot holding properly cooked to at least 135°F.		
39	Methods for rapidly cooling PHFs are properly conducted and equipment is adequate.		
	EQUIPMENT, UTENSILS AND LINENS	**OUT**	**COS**
40	Materials, construction, repair, design, capacity, location, installation, maintenance.		
41	Equipment temperature measuring devices provided (refrigeration units, etc).		
42	In-use utensils properly stored.		
43	Utensils, single service items, equipment, linens properly stored, dried and handled.		
44	Food and non-food contact surfaces properly constructed, cleanable, used.		
45	Proper warewashing facilities installed, maintained, cleaned, used; sanitizer test strips available, used.		
	PHYSICAL FACILITIES	**OUT**	**COS**
46	Plumbing system properly installed; safe and in good repair; no potential backflow or backsiphonage conditions.		
47	Sewage and waste water properly disposed.		
48	Toilet facilities are adequate, properly constructed, properly maintained, supplied and cleaned.		
49	Design, construction, installation and maintenance proper-floors/walls/ceilings.		
50	Adequate ventilation; lighting; designated areas used.		
51	Premises maintained free of litter, unnecessary articles, cleaning and maintenance equipment properly stored, and garbage and refuse properly maintained.		
52	All required signs (handwashing, inspection placard, etc) provided and conspicuously posted.		

Item #	NJAC 8:24	REMARKS *("R" = Repeat violation from previous inspection)*
44	(COS) no backflow on Slop sink	

Name of Inspecting Official: Maria Schmidt

Signature of Inspecting Official

Name and Title of Person Receiving Copy of Report

ServSafe
National Restaurant Association

ServSafe® CERTIFICATION

SINAN KARABEN

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)–Conference for Food Protection (CFP).

15027097
CERTIFICATE NUMBER

5240
EXAM FORM NUMBER

4/24/2017
DATE OF EXAMINATION

4/24/2022
DATE OF EXPIRATION

Local laws apply. Check with your local regulatory agency for recertification requirements.

Sherman Brown
SVP, National Restaurant Association Solutions

ANSI
ACCREDITED PROGRAM
American National Standards Institute
and the Conference for Food Protection

#0655

In accordance with Maritime Labour Convention 2006, Resolution ADM/RES/2013 Regulation 1.2, Standard A1.2)

14102901 v.1401

Contact us with questions at 175 W Jackson Blvd, Ste 1500, Chicago, IL 60604 or ServSafe@restaurant.org

NUTLEY FARMER'S MARKET
2021 VENDOR REGISTRATION FORM

NAME Amanda Annese **PHONE** [redacted]

BUSINESS NAME Pine Acres Lemonade.

MAILING ADDRESS 391 Hollywood Ave

TOWN/CITY Fairfield **STATE** NJ **ZIP** 07004

BUSINESS ADDRESS (if not same as above)

EMAIL ADDRESS catlikereflexes foodtruck@gmail.com. **WEBSITE**

Business Description: Lemonade stand.

Food Type to be sold:

Fresh: lemonade

Prepared: on site.

Is/Are the food(s) listed above grown in the State of New Jersey? ○ Yes ● No

If above answer is NO – Please indicate where they were grown. imported in from Restaurant Depot.

Is/Are the food(s) listed above grown by the above business entity? ○ Yes ● No

If above answer is NO – Please provide name of farm/entity. restaurant depot.

If food is prepared – Please indicate name and address of location N/A

2021 NUTLEY FARMERS' MARKET REGULATIONS (20)

PURPOSE: The Nutley Farmers' Market has been established as a community service to support New Jersey regional farmers by allowing them the opportunity to market quality products grown on their farms in a designated area. To remain competitive, farmers need to be able to develop new markets for agricultural products grown on their farms. Success in agricultural marketing helps significantly in economically preserving farmland and open space which in turn contributes to maintaining the quality of life in the region. Communities benefit from this type of marketing because it provides consumers with access to fresh, high quality produce and attracts business activity to downtown areas.

REGISTRATION FEES:

1. **Registration:** Check for **$100.00** due with completed application (Payable to: **Go Green Initiative**)
2. **Market Fees: $300.00** per season. Payable in full by April 16, 2021. Checks should be made out to: **Township of Nutley**. All market fees collected will be used for promotional/advertising and management of the market;

LOCATION/TIME:

- The market will operate every Sunday from **June 13th to October 24th, 2021,** from 9:00 am to 2:00 pm.
- The Market will take place in Nutley Municipal Lot #9 - 537 Franklin Avenue. The Township of Nutley reserves the right to change the location of the Market on any given Sunday.
- Vendors will be notified 24 hours in advance of cancellation of market.
- Vendors **must** arrive at least one-half hour before market opening, be fully operational by 9:00am and **must maintain its business operations until scheduled market closing.**
- Vendors will be allowed to sell if set up before 9:00 am.

MISSING MARKETS:

- If a vendor is going to miss a scheduled Market, they must notify the Manager by the Friday before their scheduled Market.
- Notification should be completed by telling the Market Manager previous to the date you will be missing, sending an email to mblank@nutleynj.org, or by calling 973-284-4978 or [redacted](Meredith Blank/mobile) and leaving a voicemail for the manager.
- Vendors who miss a Market three (3) times without notifying the Market Manager will be excluded from the Market. Vendor will be notified in writing upon their second missed Market that any future un-notified missed Markets will result in exclusion from the Market.

INSURANCE: Each vendor must provide a certificate of liability insurance with a minimum coverage of $1,000,000.00. The Township of Nutley shall be named as an additional insured on the Insurance Certificate. Certificates of insurance **must** be received and approved by the Department of Public Works two weeks before the start of the market. No vendor will be permitted to sell at the market unless this certificate is received and approved.

SPACES: Spaces (of a specified size and location) will be assigned by the Market Manager, and will continue for the duration of the season. Spaces assigned to vendors are to be utilized

CATLI-1 OP ID: JL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/19/2021

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 have ADDITIONAL INSURED provisions or 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 908-967-6333 North East Risk Management LLC North East Risk Management LLC 50 South 21st Street Kenilworth, NJ 07033 Mauricio Cardenas	CONTACT NAME: Mauricio Cardenas PHONE (A/C, No, Ext): 908-967-6333 FAX (A/C, No): 908-967-6335 E-MAIL ADDRESS: mc@northeastrm.com
INSURED Cat-like Reflexes LLC 391 Hollywood Ave Fairfield, NJ 07004	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Utica First Insurance Company — 15326 INSURER B : 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			[redacted]	10/08/2020	10/08/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ Excl
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

The Township of Nutley One Kennedy Drive, Nutley, NJ 07110 is listed as an additional insured.

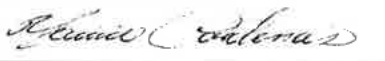
CERTIFICATE HOLDER

The Township of Nutley
One Kennedy Drive
Nutley, NJ 07110

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



ServSafe
National Restaurant Association

Certificate of Achievement

ANSI ACCREDITED

This certificate is awarded to

CLAUDIA ANNESE

Congratulations! You have completed

ServSafe® Food Handler

Employee Food Safety Online Course and Exam

National Restaurant Association
233 S. Wacker Drive, Suite 3600
Chicago, IL 60606-6383
800.765.2122 in Chicago area 312.715.1010
Restaurant.org | ServSafe.com

Certificate Number 3657347 Date 11/14/2018

Expiration Date 11/14/2021

NUTLEY FARMER'S MARKET
2021 VENDOR REGISTRATION FORM

NAME Brad Finkel **PHONE** [redacted]

BUSINESS NAME Hoboken Farms

MAILING ADDRESS 3/4 Clifton Ave

TOWN/CITY Clifton NJ **STATE** 07013 **ZIP**

BUSINESS ADDRESS (if not same as above)

EMAIL ADDRESS **WEBSITE**

brad@hobokenfarms.com

Business Description: _____

_____

Food Type to be sold:

Fresh: See chart

Prepared: _____

_____

Is/Are the food(s) listed above grown in the State of New Jersey? ~~Yes~~ ○ Yes ○ No

If above answer is NO – Please indicate where they were grown. _____

_____

Is/Are the food(s) listed above grown by the above business entity? ○ Yes ○ No

If above answer is NO – Please provide name of farm/entity. _____

_____

If food is prepared – Please indicate name and address of location _____

_____

_____

REGISTRATION FEE: $100.00 (non-refundable) –
Make check payable to: Go Green Initiative
WEEKLY OR SEASON FEE: $300.00 FOR THE SEASON
(Make check payable to: Township of Nutley)

TOTAL ENCLOSED **$** 400 **Check No.** _____

Please provide the Size/type of vehicle. Cargo

Security / Liability: Exhibitor assumes all responsibility and agrees to indemnify and hold event organizers and the Township of Nutley, its officials, and employees harmless from any loss, liability, costs or damages arising directly or indirectly from actual or threatened claims or causes of action resulting from the negligence or intentional misconduct by the exhibitor, employees, agents, presenter, promoter or general public. Exhibit management will not assume any responsibility for the damage and/or loss of any merchandise or articles prior to, during or following the event.

I certify that I have read and will comply with the 2021 regulations of the Nutley Farmers' Market, and with all Federal, State and Local health, safety and labor standards.

Signature _____ Date 4/1/21

Please return: Department of Public Affairs
Township Of Nutley
149 Chestnut Street
Nutley, NJ 07110

1.800.854.4644 p 973.365.0970 f hobokenfarms.com info@hobokenfarms.com
PO BOX 483 Hoboken, NJ 07030 • *warehouse* 314 Colfax Ave Clifton, NJ 07013

Attached is a listing of our products that we will be bringing to your local farmers market.

All of our foods are pre-packaged and protected from any potential hazards. All packages are labeled according to Local, State, and Federal guidelines. Nothing is produced, sliced, our even touched at a location.

These are the exact same items that we have been selling Maplewood, Grove Street Jersey City, Millburn, Riverdale, Hoboken uptown and downtown, South Orange, Hamilton Park Jersey City, Teaneck, Riverdale, Duke Farms, Highland Park, Morris Plains, Metuchen, Edgewater, Van Vorst Park Jersey City, Garden St - Hoboken, Summit, Teaneck, Mid town Hoboken, Bedminster.

Below is information on our **LOCAL NEW JERSEY** locations that we produce the foods we sell. All items are made to our exact specifications.

Since 2013, after Hurricane Sandy, all products are stored at our warehouse located at 314 Colfax Ave, Clifton NJ 07013

-All Frozen items are prepared at Bert Posses Purveyors located at 100 E.25th Street in Patterson NJ. Bert Posses is a USDA Federally inspected facility. All items are USDA approved and labeled appropriately. 973.754.1100

-All Ravioli are prepared at Nicolas Pasta Fresca located in Kenilworth NJ.

- Bread is baked at Dom's Bakery located at 506 Grand St, Hoboken, NJ 07030.
-Bread is baked at Hudson Bread , located at 5601 Tonnele Ave, North Bergen NJ.
- Pastries are baked at 214 South Dean Street, Englewood, NJ 07631

- Our Marinara Sauce is produced in a co-packing facility that is 3rd party SQF certified.

-Mozzarella Cheese is produced to our exact specification at a facility that is 3rd party AIB certified located in Union NJ.

For the actual market locations all frozen items are kept frozen in NSF approved Igloo coolers with frozen carbon dioxide gas. The surface temperature is – 78.5 degrees C. Frozen CO_2 gas also has the very nice feature of **sublimation** -- as it breaks down, it turns directly into carbon dioxide gas rather than a liquid. The super-cold temperature and the sublimation feature make dry ice great for refrigeration. A thermometer is kept in each cooler and we are sure to keep all frozen items frozen.

If you have any questions please feel free to call on the mobile phone [redacted] or at the office 1.800.854.4644.

My goal is always to be part of the solution not part of the problem.

Regards,
Brad Finkel
[redacted]

City of Clifton

DEPARTMENT OF HEALTH
900 CLIFTON AVENUE
CLIFTON, NEW JERSEY 07013

John E. Biegel, III, MA
HEALTH OFFICER
Director Human Services

Public Health
Prevent. Promote. Protect.

PHONE: 973-470-5760
FAX: 973-470-5768
e-mail: jbiegel@cliftonnj.org

March 5, 2021

To Whom It May Concern:

Due to the past and current situation pertaining to the pandemic we are not conducting Chapter 24 retail food inspections at this time. If there is a need to contact me I can be reached at [redacted], thank you.

Sincerely,

Antonino Intili, Jr

Antonino Intili Jr.
Senior REHS

ServSafe
National Restaurant Association

Certificate of Achievement

ANSI ACCREDITED
#0655
ASTM E2659
Certificate Issuer

This certificate is awarded to

BRAD FINKEL

Congratulations! You have completed

ServSafe® Food Handler

Employee Food Safety Online Course and Exam

National Restaurant Association
233 S. Wacker Drive, Suite 3600
Chicago, IL 60606-6383
800.765.2122 in Chicago area 312.715.1010
Restaurant.org | ServSafe.com

Certificate Number 3942577 Date 6/7/2019

Expiration Date 6/7/2022

HOBOFAR-01 KCOUGHLIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/1/2021

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 have ADDITIONAL INSURED provisions or 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 Coughlin Insurance Services 178 Myrtle Blvd. Larchmont, NY 10538	CONTACT NAME: PHONE (A/C, No, Ext): (914) 834-1234 FAX (A/C, No): (914) 834-0853 E-MAIL ADDRESS: info@coughlinis.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Ohio Security Insurance Company — 24082
INSURED Hoboken Farm Stand, Inc 314 Colfax Ave Clifton, NJ 07013	INSURER B : Progressive Insurance Company — 413
	INSURER C : The Ohio Casualty Insurance Company — 24074
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			[redacted]	10/20/2020	10/20/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 15,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY			[redacted]	7/29/2020	7/29/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 500,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY X SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
C	X UMBRELLA LIAB X OCCUR			[redacted]	10/20/2020	10/20/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A					PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Certificate Holder is incldued as Additional Insured.

CERTIFICATE HOLDER

Township of Nutley
1 Kennedy Drive
Nutley, NJ 07110

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

Michael A. Coughlin

NUTLEY FARMER'S MARKET
2021 VENDOR REGISTRATION FORM

NAME Paolo's Kitchen / Paolo Vieira **PHONE** [redacted]

BUSINESS NAME

MAILING ADDRESS 162 South St

TOWN/CITY New Providence **STATE** NJ **ZIP** 07974

BUSINESS ADDRESS (if not same as above)

EMAIL ADDRESS FM@paoloskitchen.com **WEBSITE** www.paoloskitchen.com

Business Description: italian dinners on the go / catering, frozen family meals / take out

Food Type to be sold:

Fresh: _____

Prepared: please see attached list

Is/Are the food(s) listed above grown in the State of New Jersey? ☒ Yes ○ No

If above answer is NO – Please indicate where they were grown. _____

Is/Are the food(s) listed above grown by the above business entity? ○ Yes ☒ No

If above answer is NO – Please provide name of farm/entity. we get our products from Race Farms in NJ

If food is prepared – Please indicate name and address of location Paolo's Kitchen 162 South St, New Providence, NJ 07974

REGISTRATION FEE: **$100.00** (non-refundable) –
Make check payable to: Go Green Initiative
WEEKLY OR SEASON FEE: **$300.00** **FOR THE SEASON**
(Make check payable to: Township of Nutley)

TOTAL ENCLOSED **$** 400 **Check No.** _____

Please provide the Size/type of vehicle. medium size ford

Security / Liability: Exhibitor assumes all responsibility and agrees to indemnify and hold event organizers and the Township of Nutley, its officials, and employees harmless from any loss, liability, costs or damages arising directly or indirectly from actual or threatened claims or causes of action resulting from the negligence or intentional misconduct by the exhibitor, employees, agents, presenter, promoter or general public. Exhibit management will not assume any responsibility for the damage and/or loss of any merchandise or articles prior to, during or following the event.

I certify that I have read and will comply with the 2021 regulations of the Nutley Farmers' Market, and with all Federal, State and Local health, safety and labor standards.

Signature _____ Date 5/24/21

Please return: Department of Public Affairs
Township Of Nutley
149 Chestnut Street
Nutley, NJ 07110

PAOLKIT-01 JISHAK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/24/2021

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 have ADDITIONAL INSURED provisions or 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 All Point Insurance Agency 224 Johnson Avenue Hackensack, NJ 07601	CONTACT NAME: Jack Ishak PHONE (A/C, No, Ext): (201) 487-8710 105 FAX (A/C, No): E-MAIL ADDRESS: jackishak@allpointinsurance.com
INSURED Paolo's Kitchen Inc 162 South Street New Providence, NJ 07974	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Ohio Security Insurance Company — 24082 INSURER B : AmGUARD Insurance Company — 42390 INSURER C : ARI Insurance Company — 13900 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:			[redacted]	8/21/2020	8/21/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 15,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY			[redacted]	11/26/2020	11/26/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 500,000 $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			[redacted]	11/26/2020	11/26/2021	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Township of Nutley shall be named as an additional insured as required by writen agreement

CERTIFICATE HOLDER

The Township of Nutley
One Kennedy Drive
Nutley, NJ 07110

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

Jack Ishak

NUTLEY FARMER'S MARKET
2021 FEATURED VENDOR REGISTRATION FORM

NAME Nicole Shaw-Provillon **PHONE** [redacted]

BUSINESS NAME Kurly Kürtősh

MAILING ADDRESS 74 E Passaic Ave Nutley, NJ 07110

TOWN/CITY **STATE** **ZIP**

BUSINESS ADDRESS (if not same as above)

EMAIL ADDRESS nicole@kurlykurtosh.com **WEBSITE** www.kurlykurtosh.com

Business Description: Selling Hungarian Kürtősh/chimney cakes

Food Type to be sold:
Fresh: X

Prepared: _____

Is/Are the food(s) listed above grown in the State of New Jersey? ○ Yes ◉ No

If above answer is NO – Please indicate where they were grown. _____

Is/Are the food(s) listed above grown by the above business entity? ○ Yes ◉ No

If above answer is NO – Please provide name of farm/entity. _____

If food is prepared – Please indicate name and address of location ON SITE

WEEKLY FEE: $25.00
(Make check payable to: Greenutley)

TOTAL ENCLOSED **$**_____ **Check No.** _____

Please provide the Size/type of vehicle. Honday Odyssey minivan

SECURITY / LIABILITY: Exhibitor assumes all responsibility and agrees to indemnify and hold event organizers and the Township of Nutley, its officials, and employees harmless from any loss, liability, costs or damages arising directly or indirectly from actual or threatened claims or causes of action resulting from the negligence or intentional misconduct by the exhibitor, employees, agents, presenter, promoter or general public. Exhibit management will not assume any responsibility for the damage and/or loss of any merchandise or articles prior to, during or following the event.

I certify that I have read and will comply with the 2021 regulations of the Nutley Farmers' Market, and with all Federal, State and Local health, safety and labor standards.

Signature Nicole Provillon Date 5/27/21

Please return: Department of Public Affairs
Township of Nutley
149 Chestnut Street
Nutley, NJ 07110

Market Date Preferred (you may choose up to 6 market dates):

First Choice: provided to Meredith 6/13

Second Choice: 6/20

Third Choice: 7/4

Fourth Choice: 7/18

Fifth Choice: 8/01

Sixth Choice: 8/15

Nutley Farmers Market is open Sundays 9am-2pm, June 13 - October 24, 2021