



**The Taste of Montclair** is an event that will bring the Montclair community together for a day of family-fun, food and entertainment. It is a day that will showcase the best of the city's restaurants, local businesses, organizations, and visual and performing arts community.

The event will take place at the parking lot at The Immaculate Conception High School Parking lot.



# WHY SHOULD MY RESTAURANT APPLY?

By teaming up with the Taste of Montclair, your business will grow and prosper for years to come. With our aggressive marketing efforts and media coverage your business will be exposed to a large audience with tremendous return on investment.



We are making our partnership simple! All you have to do is fill out the application form and send it to us. Once we receive the application form we will notify you of our acceptance to the Taste of Montclair Program.

What we need from you:

- A completed application.
- Included in the application is your 6 menu items that you will vend for the day.
- Your Company Logo on a disk for reproduction or (E-mail a vector based logo to [nick@thetasteofmontclair.com](mailto:nick@thetasteofmontclair.com))
- A check for \$250 dollars. \$125 deposit - \$125 upon acceptance. The 250 dollars goes towards your township permits - health department and township clerks office, Fire Prevention permit (if cooking at the event) table, linen, and menu sign. If you plan to do 2 days please remit \$450.00 for the Both days. Half Day Saturday either 10am - 3pm or 4pm-10pm please remit \$200.00.

How it works:

The Taste of Montclair participants will purchase tickets from the Taste of Montclair ticket booths. They will use the tickets as cash. They will come to your booth to purchase from your tasting menu. You receive the tickets in exchange for your food. At the end of the day you hand those tickets back to us and you'll get your payout once ticket counting is finished.

Contact Nick Bosco at : [nick@thetasteofmontclair.com](mailto:nick@thetasteofmontclair.com)

or call 917 673 1526



# ELIGIBILITY REQUIREMENTS

Applicants must be a permanent year round (rather than temporary or mobile) retail operation, whose primary function is the preparation and sale of food. Items sold at Taste must be available to the retail customer or general public regularly through the retail operations. Restaurants must be located in Essex County. Restaurants located in the Township of Montclair will be given right of first refusal.

Preference will be given to:

- Restaurants who represent the ethnic and culinary diversity of Montclair who offer items with the best value to the consumer and who propose to serve health-conscious menu items.
- Publicly-held corporations will be considered on a case-by-case basis. Applicants will be selected based on meeting the requirements listed in this application.

## LICENSES AND OTHER REQUIREMENTS

Documentation for the licenses listed below presentable upon request by the Montclair Health Department.

Applying restaurants must:

- Have all necessary City of Montclair and State of New Jersey restaurant operation licenses and permits for their permanent location
- Be listed as the d/b/a, if applicable, on their Township of Montclair Retail Food Establishment License and the address listed on the license must be the address listed on this application
- Not have any outstanding debts with the Montclair Recreation and Cultural Affairs, Township of Montclair Department of Business Affairs and Licensing or the New Jersey Department of Revenue
- Not have any pending cases with the Township of Montclair Liquor Commission

## INSURANCE REQUIREMENTS

Applicants will be required to present upon request an original Certificate of Insurance evidencing the following insurance minimums for the dates of September 1 - October 30th, 2011:

- Workers Compensation and Employers Liability -minimum of \$500,000 each accident, illness or disease

- Commercial General Liability » minimum \$1,000,000 per occurrence, \$2,000,000 aggregate

- Automobile Liability » minimum of \$1,000,000 per occurrence

- Property (replacement) cost coverage

Final acceptance of applicant is contingent on applicant naming Nick Bosco Design their employees, agents and officials as additional insured. Applicants must also submit a copy of the endorsement using ISO form CG 20 26-11 85 and HA 99 13-01 87 or equivalent.

## SKILLS NEEDED

Taste of Montclair management is looking for restaurants that can prove they have the ability to sustain both Taste of Montclair and their home base operations. It is critical to have restaurants that can produce at high volume and withstand production in an outdoor environment under very restrictive conditions.

Restaurants applying for Taste of Montclair are expected to effectively maintain (both outdoors at Taste of Montclair grounds and at their home bases) the highest possible standards in terms of sanitation practices, proper food handling, professionalism and personnel training. The Montclair health Department will analyze past Health Inspection reports and warnings that may provide some information in making a decision on whether to accept or reject a certain restaurant.

Since the majority of food preparation and cooking for The Taste of Montclair should take place at the restaurant participant's normal place of business, each restaurant will need to make sure that they have the proper arrangements in place to cook, transport and store the food in compliance with standard food sanitation practices. A careful and detailed plan and schedule should be assembled by all restaurants to ensure that all of the deadlines can be met pre-event. Equipment rental, refrigeration rental and commissary prep should be scheduled as soon as restaurant has been accepted into event. Also, restaurants will need to make their suppliers aware of delivery restrictions at Taste of Montclair grounds for the duration of the event.



# ELIGIBILITY REQUIREMENTS



## MENU

Restaurant selection will be carefully evaluated in regards to menu items.

The Taste of Montclair management team has full discretion to accept or reject any menu item proposed by an applicant. Applicants will not be permitted to change these listed menu items once the application has been filed.

Applicants must submit a list of four (4) menu items, plus two (2) "Taste of" items that they propose to serve at their booth. One "Taste of" item must be a smaller portion of the four main menu items. One of the six menu items must be a health conscious item. All menu items submitted on the application must be items that are regularly sold on the restaurant's full service menu. (A copy of your menu must accompany this application).

All Vendors are required to offer two smaller "Taste of" portions. The price for the "Taste of" portions must be 1 to 4 tickets (value \$.50 to \$2). Restaurants are required to participate in the "Taste of" program during all hours of the event. Menu items on your application must include weight and pricing and should be priced no higher than similar products in the restaurant's normal operation.

### ALL SALES ARE BY TICKET ONLY.

Vendors are not allowed to accept cash. All menu prices must include sales tax and be in multiples of fifty-cents (\$.50).

Tickets are sold in a strip of 12, which costs \$8.00 and includes a \$2.00 surcharge which will help cover the cost of the entertainment lineup. The average selling price of all your menu items combined may not exceed \$4.00. Adding the prices of all menu items including "Taste of" items, and then dividing by the total number of items offered determines the average.

## KEY RULES & REGULATIONS

Rules and regulations, as well as other vital information, will be discussed at the Restaurant Vendor Meeting to be held in August 2011.

This meeting is **MANDATORY** for each restaurant's key contact person and on-site event manager. It will be hosted by the Nick Bosco Design, and the Montclair Health Department. Restaurant participants may not sell food for cash. All food sales must be made by TASTE OF Montclair tickets only. **RESTAURANT PARTICIPANTS MAY NOT SELL BEVERAGES OF ANY KIND.**

Attendance at vendor meeting is **MANDATORY** for all key contact persons of each restaurant. There are no substitute or make-up sessions. Choose your key contact person carefully as that person will need to be available at all times from the point of acceptance through The Taste of Montclair event. Remember, after acceptance to The Taste of Montclair, application fees are not refundable.

Menu prices or signs may not be altered during the event. Any alterations will result in your booth being closed down for the day.

Recycling is a vital part of The Taste of Montclair. Use of recycling products is highly recommended.

## DOCUMENTATION NEEDED TO APPLY

Each applicant must submit the application and all documentation and items listed below by July 31st, 2011 The Nick Bosco Design 24 Hillside Ave #A1, Montclair, NJ 07042.

1. Signed application with proposed menu items
2. A certified check, cashier's check or money order for \$150 payable to Nick Bosco Design. This check will be returned in the event of rejection to the event

## WHAT HAPPENS AFTER REJECTION OR ACCEPTANCE?

If you are rejected:

- The certified check, cashier's check or money order you turned in with your application will be returned to you.



# ELIGIBILITY REQUIREMENTS



## IF YOU ARE ACCEPTED:

- The balance of the participation fee, \$125 must be paid within 72 hours in the form of a business check certified check, cashier's check or money order Payable to Nick Bosco Design.
- A certificate of Insurance evidencing the aforementioned insurance minimums and the endorsement naming Nick Bosco Design as additional insured.

Acceptance is provisional pending the submission of these documents.

## COSTS OF PARTICIPATING

The total participation fee is \$250/\$450 for 2 days Payable to Nick Bosco Design in two installments (\$125 at application filing; **\$125** at acceptance). Please note: Application fee of \$250 is absolutely non-refundable after acceptance.

- All sales taxes will be deducted from gross sales
- 15% Planning commission will be deducted from sales net of taxes
- 3% donation to a charitable organization(s) will also be deducted from sales net of taxes

There are additional expenses for restaurants that use propane gas, refrigerated storage rental, equipment hook-ups and repairs, fuel, electricity and other services. These expenses will be deducted from the restaurant's gross sales.

Restaurants are responsible for securing any and all necessary equipment for their operation. All equipment must meet the Township of Montclair safety and health standards. After acceptance, the Montclair Health Department will work closely with each restaurant to advise them on the goods and services that will be needed on-site.

## INCLUDED IN COST OF PARTICIPATION

- A 10' x 10' tent canopy
- 1 menu sign (including the restaurant's logo, menu items, and a carryout menu holder)
- Basic electrical power (One (1) 40amp, 120volt circuit) per vendor (additional power provided at additional cost.)

## HOW DOES A RESTAURANT RECEIVE THEIR NET CASH?

Since all sales are by ticket only, vendors will "redeem" their tickets with the planning organization approximately 2 to 3 days after the event ends to determine gross sales. After all deductions have been taken, the planning organization will cut a check to the restaurant approximately 5 working days after that redemption date.

## NET SALES DISTRIBUTION EXAMPLE FOR RESTAURANT

Total Gross Ticket Sales	\$10,000.00
Less 7% NJ Sales Tax	(\$700.00)
	\$9,300.00
Less 15% Event Commission	(\$1,395.00)
	\$7,905.00
3% to a charitable organization (s)	(\$237.15)
Net to Restaurant	\$7667.85

For further information please contact Nick Bosco @ 917 673 1526 or email [nick@thetasteofmontclair.com](mailto:nick@thetasteofmontclair.com)

Make Checks Payable to : Nick Bosco Design

Restaurant Logo Here	
1. Food Item	8 tickets
2. Food Item	6 tickets
3. Food Item	8 tickets
4. Food Item	6 tickets
5. Food Item	4 tickets
6. Food Item	8 tickets

Official Restaurant Logo Here	Restaurant Logo Here	Carryout Menu Item
Address	Phone	Plastic Menu Holder
Fax	web site	



# Restaurant Application & Permit Request



Please type or print clearly:

## CONTACT INFORMATION

Restaurant Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Restaurant Phone: \_\_\_\_\_

Restaurant Fax: \_\_\_\_\_

Restaurant Website: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Home Phone: \_\_\_\_\_

Owner's Cell Phone: \_\_\_\_\_

Owner's Work Phone: \_\_\_\_\_

Owner's Email: \_\_\_\_\_

Key Contact Name: \_\_\_\_\_

Key Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Key Contact Home Phone: \_\_\_\_\_

Key Contact Cell Phone: \_\_\_\_\_

Key Contact Work Phone: \_\_\_\_\_

Key Contact Email: \_\_\_\_\_

DATE OF EVENT: SEPTEMBER 24TH 2011

HOURS OF OPERATION: 10AM - 10PM

---HOME PHONE NUMBERS MUST BE INCLUDED!---

## OTHER INFORMATION: CATEGORY

Please select one of the categories below which best describes your establishment: (CHECK ONE)

DESSERT (pastry, cake, candy, etc...)  ETHNIC (Asian, Hispanic, Irish, Italian, etc...)  PIZZA  RIBS

SEAFOOD  VEGETARIAN  ICE CREAM/ITALIAN ICE  GENERAL (American, Southern style, etc...)

OTHER (please explain): \_\_\_\_\_

## BASE OF OPERATIONS (FOR ADVANCED FOOD PREPARATIONS)

Name of Establishment \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County/Municipality that inspects this facility \_\_\_\_\_

(If outside of Montclair please provide a copy of the most recent inspection report)

Where will food for the event be purchased?

Where will ice be purchased?

How will food be transported to the event? (check all that apply)

Refrigerator Truck  Insulated Containers (hot) describe: \_\_\_\_\_

Insulated Containers (cold) Describe: \_\_\_\_\_

Insulated Bags \_\_\_\_\_  Other \_\_\_\_\_



# Restaurant Application & Permit Request



Approximate Distance Food will be transported? (Miles or Hours)

\_\_\_\_\_

Cooking/Reheating Methods? (check all that apply)

- Grill       Stove       Microwave       Electric Hot Plate  
 Other \_\_\_\_\_ Describe: \_\_\_\_\_

What methods will be utilized to Maintain Food Products Below 41 degrees F (check all that apply)

- coolers with ice      How Many? \_\_\_\_\_  
 Refrigerators      How Many? \_\_\_\_\_  
 Freezers      How Many? \_\_\_\_\_  
 Other \_\_\_\_\_ Describe: \_\_\_\_\_

What methods will be utilized to maintain cooked products above 135 Degrees F. (check all that apply)

- Steam tables      How Many? \_\_\_\_\_  
 Hot hold cabinets      How Many? \_\_\_\_\_  
 Chaffing Dishes      How Many? \_\_\_\_\_  
 Crock Pots      How Many? \_\_\_\_\_  
 Other \_\_\_\_\_ Describe: \_\_\_\_\_

What type of overhead protection will be used?

- Tent       Umbrellas       Enclosed Structure  
 Other \_\_\_\_\_ Describe: \_\_\_\_\_

What methods of protecting food and ingredients from contamination during the event will be utilized?  
(Check all that apply)

- Plastic Wrap       Containers with lids       Foil Wrap       Disposable Gloves  
 Other \_\_\_\_\_ Describe: \_\_\_\_\_

How will potable (drinking quality) water be supplied to the booth for utensil washing, hand washing and other uses? \_\_\_\_\_

\_\_\_\_\_

What type of handwashing facilities will be available for food handlers?

Note: Establishments preparing hazardous types of food will be required to have soap and water available.)

- Commercially packaged hand wash tissues  
 Container of water, soap, paper towels, and waster water container  
 Disposable gloves & waterless hand sanitizer  
 Waterless Hand Sanitizer  
 Other \_\_\_\_\_ Describe: \_\_\_\_\_

What cleansing items will be available? (check all that apply)

Note: Establishments preparing hazardous types of food will be required at a minimum to have all items listed below:

- Spray Bottle with sanitizer (i.e. bleach) and water  
 Basins for washing & sanitizing cooking utensils  
 Trash cans and trash bags  
 Buckets of bleach and water solution  
 Cleaning cloths  
 Other \_\_\_\_\_ Describe: \_\_\_\_\_

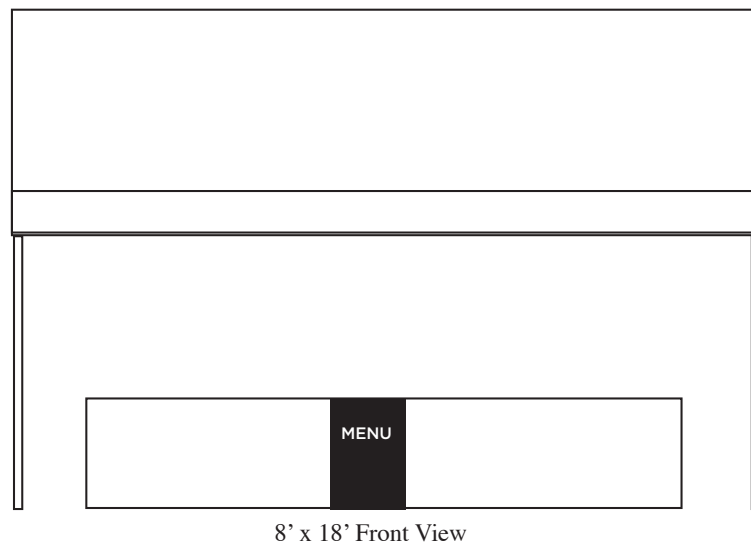
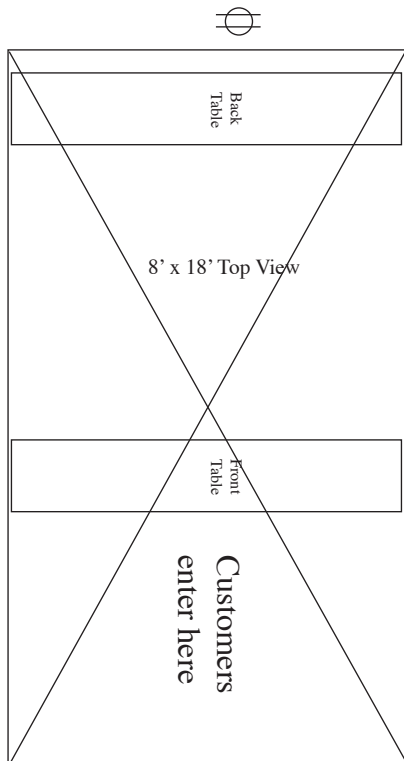
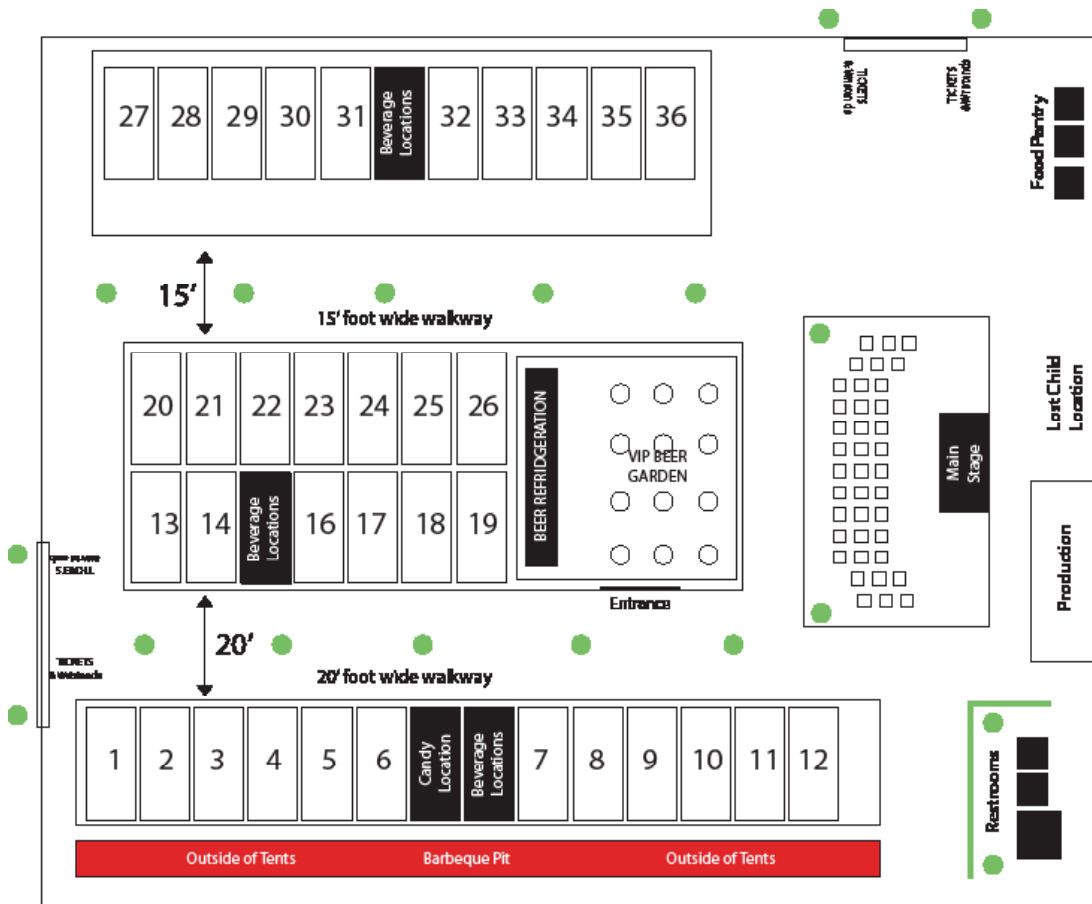




# Restaurant Application & Permit Request



In the space below please provide a rough diagram of the booth showing equipment, location and materials used for overhead protection, counters etc.





# Restaurant Application & Permit Request



## PROPOSED MENU ITEMS

Write your complete menu below. Once you have listed your items, you will not be able to change them. Only The Taste of Montclair management may change the menu items once application has been filed.

There is a limit of six food items per booth. All prices must include sales tax. All prices must be in multiples of \$.50 (fifty cents) with a maximum price of \$6.00 (six dollars). Taste Portions may not exceed \$2.00 (two dollars). The average selling price of all items combined must not exceed \$4.00. All menu items submitted on this application must be items that are regularly sold on the restaurant menu. One "Taste of" item must be one of the four (4) main Taste menu items. One of the six (6) menu items must be a "healthy choice" item.

1. \_\_\_\_\_

Size in ounces: \_\_\_\_\_ Price: \_\_\_\_\_

2. \_\_\_\_\_

Size in ounces: \_\_\_\_\_ Price: \_\_\_\_\_

3. \_\_\_\_\_

Size in ounces: \_\_\_\_\_ Price: \_\_\_\_\_

4. \_\_\_\_\_

Size in ounces: \_\_\_\_\_ Price: \_\_\_\_\_

"Taste of" portion item #1 \_\_\_\_\_

Size in ounces: \_\_\_\_\_ Price: \_\_\_\_\_

"Taste of" portion item #2 \_\_\_\_\_

Size in ounces: \_\_\_\_\_ Price: \_\_\_\_\_

Please indicate which menu item is a "healthy choice" & why :

## THE FOLLOWING DOCUMENTATION MUST BE ATTACHED:

A check, certified check or money order for \$125 made payable to "Nick Bosco Design"

CERTIFICATE OF INSURANCE.

Initial that documents are attached: \_\_\_\_\_



# Restaurant Application & Permit Request



I UNDERSTAND: (signator must check boxes)

Half Day 10am -3pm    Half Day 4pm-10pm    One Day Friday / Saturday    Full Festival  
\$200                                      \$200                                      \$250                                      \$450

Upon acceptance in the The Taste of Montclair, the balance of \$125 must be submitted within 72 hours in the form of a Cashier's Check, Certified Check or Money Order made payable to "Nick Bosco Design".

Any restaurant that applies and is not selected will receive a full \$125 refund. Nick Bosco Design reserves the right to refuse the leasing of a restaurant booth for products or services, which in its opinion, are not in the best interest of the event.

Restaurant participants will pay the event 15% + 3% of the net sales after 7% sales tax is deducted.

I have read this application for The Taste of Montclair and the accompanying fact sheets. I hereby agree that if my restaurant is selected for participation, I will abide by all rules, regulations and requirements. I understand that my failure to do so will result in my disqualification for participation in The Taste of Montclair. I further understand the \$250 fee will not be refunded after acceptance.

Signature of Owner of Corporate Officer \_\_\_\_\_

Title Name (type or print) \_\_\_\_\_

Signature of Key Contact Person \_\_\_\_\_

Title Name (type or print) \_\_\_\_\_

Mail application and check (made payable to the "Nick Bosco Design")

to: The Taste of Montclair C/O Nick Bosco Design. 24 Hillside Ave #A1 Montclair, NJ 07042.

If you have any questions, please contact the The Taste of Montclair Office, at 917 673 1526.



**Make Checks Payable to : Nick Bosco Design**  
**Send completed application with all attachments and**  
**deposit to 24 Hillside Ave #A1, Montclair, NJ 07042**  
**Deadline is August 1st, 2011**

For further information please contact Nick Bosco  
@ 917 673 1526 or email [nick.bosco@verizon.net](mailto:nick.bosco@verizon.net)

# Application for Peddler "Special Event" Vendor License



Name of Event: The Taste of Montclair

Date Application Filed \_\_\_\_\_

Fee: \$25.00 Per day

Date of Event \_\_\_\_\_

Date License Issued: \_\_\_\_\_

The undersigned hereby makes application for the **Peddler/Special Event License** and agrees to abide by and be bound to the terms and conditions of an ordinance entitled "An Ordinance to license hawkers, peddlers, transient merchants, itinerant vendors, solicitors, and new merchants in the Township of Montclair, County of Essex; repealing all inconsistent ordinances, "adopted November 29, 1933, as amended and supplimented. See: Ordinance amending Chapter 238 of the Township Code.

My name is \_\_\_\_\_

Phone number \_\_\_\_\_

Number of assistants \_\_\_\_\_

Home address \_\_\_\_\_

The goods or merchandise I propose to sell : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am self employed  Yes  No

Number of Trucks I operate: \_\_\_\_\_

Name and Address of the firm I represent: \_\_\_\_\_

Name and Address of personal references:

1. \_\_\_\_\_

2. \_\_\_\_\_

List place of residence for the three preceeding years:

1. \_\_\_\_\_

2. \_\_\_\_\_

I have/have not been arrested or convicted of a crime or misdemeanor.  I have  I have not.

If so, the misdemeanor(s) was (were) \_\_\_\_\_

\_\_\_\_\_

The crime(s) was (were) \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Signature of Event Coordinator

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Township Manager