TOWNSHIP OF LONG BEACH

6805 Long Beach Blvd. Brant Beach, New Jersey 08008

609-361-1000

BAYVIEW PARK RECREATIONAL VENDOR INSTRUCTION SHEET

1. Application (induplicate) and fees must be filed with the Municipal Clerk pursuant to the provisions in Ch. 194 of the Township Code.
2. Applicant must submit application and fee for SBI background investigation application at <https://njportal.com/njsp/criminalrecords/> (Directions Attached).
3. Applicant must submit a copy of a valid driver’s license, and, if the applicant is a corporation, copies of valid driver’s licenses of all principal owners, shareholders, or members of the applicant.



BAYVIEW RECREATIONAL VENDOR

**APPLICATION REQUIREMENT CHECKLIST**

Applicant Requirements:

1. Two (2) completed application forms with two (2) original signatures.
2. Two (2) copies of valid driver’s licenses of all applicants, and, if the applicant is a business entity, copies of the Driver’s Licenses of the principal owners, shareholders, or members of the applicant.
3. Two (2) copies of current Sales Tax Certificate.
4. Two (2) copies of Business Registration Certificate.
5. Two (2) copies of current Certificates of Insurance for Automobile.
6. Two (2) copies of current Certificates of Insurance for Liability that name Township of Long Beach as an additional insured.
7. One (1) check in the amount of $2,000.00 and made payable to Long Beach Township.
8. Complete the required SBI background investigation application(s) online at <https://njportal.com/njsp/criminalrecords/>( Directions Attached) and pay the required fee of $20 per application.
9. One (1) completed Statement of Ownership form.
10. One (1) completed Certification of Authorized Agent form.
11. One (1) completed Indemnification Agreement.

TOWNSHIP OF LONG BEACH

BAYVIEW PARK RECREATIONAL VENDOR LICENSE APPLICATION –FY2021

**THIS SECTION TO BE FILLED OUT BY MUNICIPAL CLERK**

Date Application Received: Granted/Denied:

License No.: Fees Received:

**THIS SECTION TO BE FILLED OUT BY APPLICANT**

Instructions: Application must be filed in duplicate with original signatures on both copies.

Pursuant to Ordinance No. 16-06C and any amendments or supplements thereto, I, the undersigned hereby make application for a permit and license to conduct the permitted recreational business at Bayview Park. I understand, acknowledge, and agree that the required fee for the recreational license is $2,000.00.\*

\*NOTICE – All licensees and all employees working at Bayview Park SHALL carry their Township-issue Photo Identification Card provided by the Township at all times while engaging in the activity permitted at Bayview Park.

NAME OF PERSON MAKING APPLICATION:

DATE & PLACEOF BIRTH:

SEX: \_\_\_\_\_\_\_; HEIGHT: \_\_\_\_\_\_\_; WEIGHT: \_\_\_\_\_\_\_; EYE COLOR: \_\_\_\_\_\_\_; HAIR COLOR: \_\_\_\_\_\_\_\_\_.

PERMANENT ADDRESS:

LOCAL ADDRESS:

TELEPHONE NUMBER:

CELLPHONE NUMBER:

EMAIL ADDRESS:

1. BRIEF DESCRIPTION OF THE GOODS TO BE RENTED/SOLD AND THE RELATED SERVICES TO BE PROVIDED:

2. NAME OF BUSINESS ENITTY/TRADE NAME:

3. BUSINESS ENTITY ADDRESS:

4. REGISTERED AGENT:

5. APPLICANT’SPOSITION IN BUSINESS ENTITY:

6. NEW JERSEY SALES TAX CERTIFICATE NO.:

7. HAS THE APPLICANT OR ANY OF THE OWNERS, SHAREHOLDERS, MEMBERS, PARTNERS, OR EMPLOYEES OF THE BUSINESS ENTITY EVER BEEN CONVICTED OF ANY CRIME IN THIS STATE OR ANY OTHER STATE (YES/NO):

8. IF THE ANSWER TO 7 ABOVE IS YES, SET FORTH THE IDENTITY OF THE PERSONS CONVICTED OF A CRIME, THE STATE WHERE COMMITTED, THE NATURE OF THE OFFENSE(S), AND THE SENTENCE(S) IMPOSED; IF NONE, SO STATE:

9. LIST THE NAMES AND ADDRESSES OF THE EMPLOYEES TO BE UTILIZED BY APPLICANT AT BAYVIEW PARK, IF KNOWN AT THIS TIME (IF UNKNOWN AT THIS TIME, APPLICANT IS REQUIRED TO PROVIDE THE NAMES TO TOWNSHIP PRIOR TO USING LICENSE, IF GRANTED, AND ALL EMPLOYEES SHALL BE REQUIRED TO COMPLETE THE SBI BACKGROUND CHECK AS SET FORTH HEREIN PRIOR TO WORKING FOR THE APPLICANT AT BAYVIEW PARK):

10. DRIVER’S LICENSE NOS. AND THE STATE THAT ISSUED EACH LICENSE FOR THE APPLICANT, EACH OWNER, SHAREHOLDER, MEMBER, PARTNER OF THE BUSINESS ENTITY AND ALL EMPLOYEES WHO WILL BE WORKING AT BAYVIEW PARK:

11. ARE THE DRIVING PRIVILEGES RELATING TO ANY OF THE LICENSES SET FORTH IN 10 ABOVE REVOKED, AND, IF SO, THE BASES FOR THE REVOCATION?:

12. SET FORTH THE NAMES AND ADDRESSES OF AT LEAST TWO (2) RELIABLE PROPERTY OR BUSINESS OWNERS LOCATED IN THE COUNTY OF OCEAN, STATE OF NEW JERSEY, WHO WILL CERTIFY AS TO THE APPLICANT’S GOOD CHARACTER AND BUSINESS RESPECTABILITY:

13. NAME OF AUTOMOBILE INSURANCE COMPANY THAT INSURES ALL MOTOR VEHICLES TO BE USED AT BAYVIEW PARK RELATING TO THE USE OF THE LICENSE AND THE POLICY NUMBER(S) (ATTACH COPIES OF DECLARATION(S) PAGE OF POLICY):

14. NAME OF INSURANCE COMPANY THAT INSURES THE BUSINESS ENTITY AND EMPLOYEES OF SAME FOR LIABILITY, PRODUCTS LIABILITY, AND PROPERTY DAMAGE AND THE POLICY NUMBER(S) (ATTACH COPY OF CERTIFICATE OF INSURANCE NAMING LONG BEACH TOWNSHIP AS ADDITIONAL INSURED):

I HEREBY CERTIFY that the foregoing statements made by me are true and I am aware that should the foregoing statements be willfully false that I am subject to punishment. In addition, the undersigned hereby authorizes the release of any information necessary in order for a proper investigation to be performed on his/her behalf.

Dated: Signature:

 APPLICANT

**CERTIFICATE BUSINESS REGISTRATION**

**(P.L. 2004, c.57)**

**(N.J.S.A. 52:32-44)**

All business organizations that do business (i.e. compete for or enter into a contract) with a State, County or Local Contracting Agency are required to be registered with the State and provide proof of their registration to the contracting agency. Proof of valid business registration shall be in the form of a Business Registration Certificate issued by the Department of the Treasury, Division of Revenue. Information on how a business can obtain a certificate is located on the Internet at [www.nj.gov/njbgs](http://www.nj.gov/njbgs) or by telephone at 609-292-1730. The purpose of the registration is to ensure that all businesses and their subsidiaries receiving government contracts pay appropriate sales, use, and other taxes. A contractor and its subcontractor(s) must collect and remit to the Division of Taxation the use tax pursuant to the Sales & Use Tax Act on all sales of tangible personal property delivered into this State. Notice of these requirements must be provided in bid specifications, requests for proposals and any other documents notifying potential contractors of procurement opportunities.

Business registration is required for any contract in excess of $6,000 (15% of $40,000) for municipalities with Qualified Purchasing Agents.

A contracting agency shall not enter into a contract with a business organization unless it has received proof of the business registration at the time of the bid or the proposal submission, in response to a request for bids or proposals. For all other transactions, the proof of business registration must be received prior to the issuance of a purchase order or other contracting document.

All public contractors submitting bids for public work must submit a copy of their proof of business registration with their bids. Bidders must also obtain and submit proof of registration from those subcontractors at all levels (tiers) if the specifications require the subcontractor to be listed or named in the bidder’s submission. Proof of valid business registration must be provided by the bidders and their named subcontractors at all levels (tiers) at the time the bid or proposal is officially received and opened by the contracting agency if required by the specifications. Failure to submit proof of registration is considered a mandatory rejection of bids and is non-waivable by the contracting agency.

The contractor shall provide written notice to its subcontractor and suppliers of the responsibility to submit proof of business registration to the contractor. The requirement of proof extends down through all levels (tiers) of the project. After the award of a project, the contractor has the obligation to obtain proof of registration from each subcontractor or a supplier on the project (in addition to those listed or named in the bid submission) and file proof of their business registration with the contracting agency prior to receiving final payment.

If there are no subcontractors on a project, the contractor must certify to that effect.

-----Attach Certificate-----

CERTIFICATION: AUTHORIZED BUSINESS AGENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I am the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Title

of the Corporation, Limited Liability Corporation, Partnership, or Sole Proprietorship and named

as Principal in the within application; and I certify that\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

who completed the application on behalf of the Principal was then the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title

 said business entity, that I know his or her signature, and his/her signature thereto is genuine,

and the application was duly signed, sealed, and attested to for and on behalf of said business

entity by authority of the Owner(s)/Shareholder(s)/Managing Member(s)/Partner(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Dated

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Corporate Seal

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

 Signature

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

 Printed

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Entity Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATEMENT OF OWNERSHIP

The following listing represents the names and address of all stockholders, members, partners, or owners of the business entity:

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

**INDEMNIFICATION AGREEMENT**

 **THIS AGREEMENT** (“Agreement”), by and between Township of Long Beach (“Long Beach”), whose address is 6805 Long Beach Boulevard, Brant Beach, New Jersey 08008, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Vendor”), whose address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, shall be binding and legally effective upon the execution of the Vendor.

**WITNESSETH:**

1. Vendor expressly, knowingly, and, to the fullest extent permitted by law, agrees to and shall release, indemnify, defend, and hold harmless Long Beach, its elected and appointed officials, officers, employees, agents, volunteers, and others working on behalf of Long Beach, from and against any loss, damages, claims, causes of action, liabilities, obligations, penalties, demands, and any and all other costs and expenses, including attorneys’ fees and costs, threatened against, suffered, and/or incurred by Long Beach, its elected and appointed officials, officers, employees, agents, volunteers, and others working on behalf of Long Beach arising out of and/or in any manner relating to the permitted, contracted, and/or licensed activity engaged in by Vendor in and/or relating to Long Beach, and the acts and/or omissions of the Vendor, its officers, owners, agents, employees, independent contractors, guests, volunteers, others working on behalf of Vendor, and/or customers relating thereto. Vendor shall be responsible and liable for the payment of any and all of the foregoing attorney’s fees and costs, to attorneys of Long Beach’s selection, for any investigation and review, pre-litigation, litigation, post-judgment litigation, and any and all appeals arising out of and/or relating to this Agreement.

2. The applicant has furnished the Certificates of Insurance which name Long Beach as an additional insured, where required, with limits of liability described as follows:

 (i) Workers Compensation / Employers Liability: ;

 (ii) General Liability: ;

 (iii) Automobile Liability:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; and

 (iv) Umbrella Liability: .

3. The existence of any available and/or applicable insurance shall not waive or release Vendor from the Vendor’s obligations set forth in this Agreement.

Dated:

 VENDOR

**STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_ )**

**) SS**

**COUNTY OF \_\_\_\_\_\_\_\_\_\_\_ )**

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ before me, , Notary Public in and for said county, personally appeared (signer) who has satisfactorily identified him/her as the signer on behalf of the Vendor to the above-referenced document.

Notary’s Name

Seal



Long Beach Township Police Department

Instructions for Background Investigations for Local Ordinance Purposes

1. Obtain and complete the initial application with the Office of the Municipal Clerk, making sure all information provided is current and correct. Sign and date where indicated on the application.
2. Move on to step 3 after obtaining the application. Do not wait for a clearance from the Clerk’s office.
3. Logon to https[://www.njportal.com/njsp/criminalrecords/](http://www.njportal.com/njsp/criminalrecords/) and click on the ONLINEFORM212A, a highlighted block located on the lower left side of the page. You will need the ORI number which is NJ0151700, then follow the prompts for demographic and payment information. A $20.00 filing fee is required to complete the online process. For “Reason for Filing Request” select “Local Ordinance.” Upon completion of the form you will receive an email Confirmation & Receipt that will include a confirmation number. You can find more detailed information by clicking on the Help Tab, located on the top right side of the page.
4. Contact Patrolman Neil Rojas by email at NRojas@lbtpd.org to advise of the online background submission. When emailing please provide the full name and date of birth of the person submitting the background information for a motor vehicle check as well as the company you intend on working for. This information should be emailed immediately following your background submission to the New Jersey State Police. NJSP will then contact me by email to advise the clearance status of the background submission. Any questions regarding any portion of this process please contact me in the same manner.

*Thank you in advance for your cooperation and compliance during the background process.*

*Patrolman Neil Rojas #408*