

Highlands Business Partnership 23rd Annual Oktoberfest!

Saturday, October 5th, 2024, 12 - 7PM
Veterans Park

(Rain Date: Sunday, October 6) Attendance – Approx. 5,000 people.

An authentic German experience- German Food, Beer and Oompah Bands.

Food Vendor Fee \$300.00 fee Includes 10x10 space and electric
APPLICATION DEADLINE – September 27th, 2024. Fee is \$350 after deadline.

Please Print Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Web: _____

List **all** items to be sold, please send digital photos of your set-up to
hbpadmin@highlandsnj.com:

Required with application:

- Copy of Application for Fire Permit to the Borough of Highlands
- Copy of Monmouth County Board of Health Temporary application
- Certificate of Insurance with additional insured:
- Highlands Business Partnership
- Borough of Highlands
- Oktoberfest, October 5, 2024, Rain date October 6, 2024, Veterans Park, Highlands, NJ

Certificate Holder: Highlands Business Partnership, 140 Bay Ave., Highlands NJ 07732

Name each appliance used:

How many Amps?

1 _____

2 _____

3 _____

4 _____

Total AMPs. _____

I am applying to participate as a vendor in the above-mentioned promoter's show. I may not be accepted to this show. Acceptance is at the discretion of the promoter. If accepted, I agree to **be set up by 10am and open during all hours of the event** and to **offer only the items from above that are approved by HBP**. I will keep my area clean. **Vendors must supply their own TABLES, TABLECLOTHS, LIGHTS and OUTDOOR extension cord.** If you are using fryers, you **MUST** have plywood surrounding your area. You must dispose of oil accordingly and take with you. The Borough of Highlands will enforce grease regulations and fines will be issued to those in violation. HBP is not responsible if you receive a fine. I understand that **all decisions made by HBP are final**- no refunds. Failure to abide by the above rules could terminate my relationship with HBP and any other HBP events. There is a \$40 fee for returned checks.

Signature: _____ Date: _____

**Mail Check or Money Order Payable to:
Highlands Business Partnership, 140 Bay Ave., Highlands, NJ 07732^[1]_{SEP}
Phone 732-291-4713 ~ www.highlandsnj.com**

Rev. 12/23 For HBP use: App. Rec. _____ Ck# _____ \$ _____ Accepted _____ Not _____.