

**Highlands Business Partnership
2008 Clamfest Food Vendor Application**

Huddy Park ~ RAIN or SHINE ~ *Application Deadline May 30, 2008*

Thursday, July 31st 6 pm to 11 pm

Friday, August 1st 6 pm to 11 pm

Saturday, August 2nd 12 pm to 11 pm

Sunday, August 3rd 12 pm to 8 pm

**Four-day event with Local Seafood Restaurants, Live Entertainment,
Children Activities, Crafters, Specialty Vendors,
Thrill Rides, Games and Much More!
Attendance – Approx. 20,000 over the 4 days.**

**Food Vendor Fee: \$750.00 plus \$200.00 refundable security deposit
Includes 10 x 20 space with covering and electric (120 Volts with 20 AMPS).**

PLEASE PRINT

Contact Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Web: _____

New Jersey Sales Tax # _____ **(Enclose a copy of your NJST certificate.)**

List **ALL** items to be sold:

Required with application:

- Copy of Application for Fire Permit to the Borough of Highlands
- Copy of Board of Health Certificate
- Certificate of Insurance with:
Additional Insured: 1) Highlands Business Partnership, 2) Borough of Highlands,
3) Clam Fest, July 31st – August 3rd 2008, Huddy Park, Highlands, New Jersey
Certificate Holder: Highlands Business Partnership, PO Box 375, Highlands NJ 07732

Name each appliance used:

How many Amps does it use?

1	<u>electric lights</u> _____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
	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 into the show is at the discretion of the promoter. If accepted, I agree to **be 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. **All vendors must supply their own TABLES, LIGHTS and OUTDOOR extension cord**. If you are using frying oil, you **MUST** be sure not to spill it on the ground when cooking. When the event is over you are required to dispose of it on your own. If there are any remains on the ground, the Borough will be issuing fines. HBP is not responsible if you receive a fine. I understand that **all decisions made by HBP Events committee are final**. No refunds and failure to abide by the above rules could terminate my relationship with HBP and any other events. There is a \$25 fee for returned Checks.

Signature: _____ Date: _____

**Mail Check or Money Order Payable to:
Highlands Business Partnership, PO Box 375 Highlands, NJ 07732
Phone 732-291-4713 ~ Fax 732-872-1031 ~ www.highlandsnj.com**

Rev. 012/07 For HBP use: App. Rec. _____ Ck# _____ \$_____ Accepted _____ Not _____