

**26<sup>th</sup> Annual Farmers' Market**  
**EVERY SATURDAY 8:30 AM to Sell-out, Rain or Shine**  
**Huddy Park – June through October 2020**  
Attendance approx. 300 people per week.  
**HBP Members No Charge**

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 or presented:

\_\_\_\_\_

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List dates you will be setting up ('ALL' if you will be coming every week):

\_\_\_\_\_

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. **Vendors must supply their own TENTS (required), TABLES**. 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.

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. 12/13 For HBP use: App. Rec. \_\_\_\_\_ Ck# \_\_\_\_\_ \$ \_\_\_\_\_ Accepted \_\_\_\_\_ Not \_\_\_\_\_