

**Highlands Business Partnership**  
**24<sup>th</sup> Annual Oktoberfest!**  
**Saturday, September 20<sup>th</sup>, 2025, 12 – 7 PM**  
**Veterans Park**

(Rain Date: Sunday, September 21<sup>st</sup>) Attendance – Approx. 5,000 people.  
An authentic German experience- German Food, Beer, and Oompah Bands.

Novelty Food Vendor Fee \$250.00 fee Includes 10x10 space and electric  
**APPLICATION DEADLINE – September 8<sup>th</sup>, 2025. The fee is \$300 after the deadline.**

Please Print Name: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web: \_\_\_\_\_

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

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**Required with application: (PLEASE DO NOT APPLY FOR FIRE PERMIT OR BOH CERTIFICATE UNTIL APPROVED AS A VENDOR!)**

- Copy of Application for Fire Permit to the Borough of Highlands – **MUST SEND TO THE BOROUGH TWO WEEKS BEFORE THE EVENT**
- Copy of Board of Health Certificate – **MUST FILL OUT AND SUBMIT THE ATTACHED MCRHC FORM TO THE BOROUGH TWO WEEKS BEFORE THE EVENT**
- Certificate of Insurance with additional insured:
  - 1) Highlands Business Partnership
  - 2) Borough of Highlands
  - 3) Oktoberfest, September 20<sup>th</sup>, 2025, Rain date, September 21<sup>st</sup>, 2025, Veterans Park, Highlands, New Jersey

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

**Name each appliance used:**

**How many Amps?**

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
<b>TOTAL AMPS</b>		_____

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 10 am and open during all hours of the event** and to **offer only the items from above that HBP approves**. I will keep my area clean. **Vendors must supply their TABLES, TABLECLOTHS, LIGHTS, and OUTDOOR extension cords**. You must dispose of oil accordingly and take it 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 and 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 Avenue, Highlands, NJ 07732**  
**Phone 732-291-4713 ~ www.highlandsnj.com**

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