

**Bike New York &
Highlands Business Partnership
23rd Annual Twin Lights Bike Ride
Sunday, September 28th, 2025 - 11:00 AM – 5:00 PM
Approximate attendance including cyclist 3000
HBP Members FOOD - No-Charge
Outside vendor - \$300
(10 x 10 space and electricity included)
APPLICATION DEADLINE – September 19, 2025**

Please Print Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Web: _____

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

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) Bike NY Twin Lights Ride, September 28, 2025, Huddy 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	_____	_____

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 set up by 11 am and open during all event hours** 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**. If you are using fryers, you **MUST** have plywood surrounding your area. 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 events. There is a \$40 fee for returned checks.

Signature: _____ Date: _____

**Mail Check or Money Order Payable to:
Highlands Business Partnership, 140 Bay Ave., NJ 07732
Phone 732-291-4713 ~ www.highlandsnj.com**

Rev. 11/23 For HBP use: App. Rec. _____ Ck# _____ \$ _____ Accepted _____ Not _____