

**Highlands Business Partnership
30th Annual Farmers' Market
EVERY SATURDAY 8:30am to 2pm Rain or Shine
Huddy Park – June 15 through November 16, 2024
\$30 per week OR \$400 for Season - 23 weeks**

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 and **MUST** submit three digital photos, including one of your set-up to hbpadmin@highlandsnj.com:

FOOD VENDORS ONLY: Required with application

- Copy of Monmouth County Board of Health Temporary application
- Certificate of Insurance with additional insured as follows:
- Highlands Business Partnership,
- Borough of Highlands for event named "Farmers' Market 2024", June 15 to November 16, 2024, Huddy Park, Highlands, New Jersey

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

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 **set up by 8am** and to **offer only the items listed above**. I will keep my area clean. Tents are mandatory to participate; **all vendors must supply their own TENT and 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 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^[1]_[SEP]
Phone 732-291-4713 ~ www.highlandsnj.com**

Rev. 01/21 For HBP use: App. Rec. _____ Ck# _____ \$ _____ Accepted _____ Not _____