

24th Annual Farmers' Market
EVERY SATURDAY 8:30 AM to Sell-out, Rain or Shine
Huddy Park – June through October 2018
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:

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 _____