

**Highlands Business Partnership  
24<sup>th</sup> 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.  
**\$300 for Season****

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 photos:

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**FOOD VENDORS ONLY: Required with application:**

- Copy of Board of Health Certificate
- Certificate of Insurance with:  
Additional Insured: 1) Highlands Business Partnership, 2) Borough of Highlands,  
3) Farmers' Market 2018 June 23 – November 3, Huddy Park, Highlands, New Jersey  
Certificate Holder: Highlands Business Partnership, PO Box 375, 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 into the show 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 and **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 events. There is a \$40 fee for returned Checks.

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 \_\_\_\_\_