

Highlands Business Partnership
23rd Annual Farmers' Market
EVERY SATURDAY 8:30 AM to Sell-out, Rain or Shine
Huddy Park – June through October 2017
Attendance approx. 300 people per week.
FEE: \$30/week

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:

Specify date you will be setting up:

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 2017 June 24 – November 4, 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. The weekly fee of \$30.00, MUST be received by Thursday of the given week in order to be accepted.** 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 _____