

**Highlands Business Partnership  
17<sup>th</sup> Annual Oktoberfest!  
Saturday, October 7<sup>th</sup>, 2017 2 - 9PM  
Veterans Park**

(Rain Date: Sunday, October 8<sup>th</sup>) Attendance – Approx. 5,000 people.  
An Authentic German Experience  
German Food, Beers and Oompah Bands.

**Novelty Food Vendor Fee \$150.00 fee Includes 10x10 space and electric**  
**APPLICATION DEADLINE – September 15<sup>th</sup>, 2017**

Please Print Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web: \_\_\_\_\_

List **all** items to be sold:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Required with application:***

- Copy of Application for Fire Permit to the Borough of Highlands
- Copy of Board of Health Certificate – Sanitary Placard
- Certificate of Insurance with:
  - I. Additional Insured: Highlands Business Partnership and Borough of Highlands, Oktoberfest, October 7, 2017, Rain Date Oct. 8, 2017, Veterans Park, Highlands, NJ
  - II. Certificate Holder: Highlands Business Partnership, PO Box 375, 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 noon and 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 TABLES, TABLECLOTHS, LIGHTS and OUTDOOR extension cord**. If you are using fryers, you **MUST** have plywood surrounding your area. You must dispose of oil accordingly and take 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, 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 \_\_\_\_\_