

**Highlands Business Partnership
17th Annual Oktoberfest!
Saturday, October 7th, 2 - 9PM
Veterans Park**

**(Rain Date: Sunday, October 8th) Attendance – Approx. 5,000 people.
An Authentic German Experience
German Food, Beer and Oompah Bands.**

**HBP Members Retail Fee \$25.00 Includes 10x10 space and electric
APPLICATION DEADLINE – September 15th, 2017**

Please Print Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Web: _____

New Jersey Sales Tax # _____ (Enclose a copy of your NJST certificate.)

List **all** items to be sold and **MUST submit three (3) photos:**

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 noon and open from 2-9pm** 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, TABLES, TABLECLOTHS, LIGHTS and OUTDOOR extension cord**. 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 _____