

**Highlands Business Partnership
Pride Fest in the Park
Food Vendor Application**

**Saturday, June 1, 2024 - 12PM to 6PM
Vendor Fee \$250.00
Includes a 10x20 space
Application Deadline – June 5th, 2024**

Please Print Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Web: _____

List **all** items to be sold, please include digital photos of your truck, or set up and send to hbpadmin@highlandsnj.com:

Required with application:

- Copy of Application for Fire Permit to the Borough of Highlands
- Copy of Board of Health Certificate – Apply with Monmouth County Board of Health
- Certificate of Insurance with:
 - I. Additional Insured: Highlands Business Partnership and Borough of Highlands, Pride Fest in the Park, **June 1st, 2024, Huddy Park, Highlands, NJ**
 - II. Certificate Holder: Highlands Business Partnership, 140 Bay Ave., 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 10:00am 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, 140 Bay Ave., NJ 07732
Phone 732-291-4713 ~ www.highlandsnj.com**

Rev. 11/23 For HBP use: App. Rec. _____ Ck# _____ \$ _____ Accepted _____ Not _____