

**Bike New York &
Highlands Business Partnership
16th Annual Twin Lights Bike Ride
Sunday, September 24th 2017 - 11:00 AM – 5:00 PM
Approximate attendance including cyclists 3500
Retail Vendor – \$50
HBP MEMBERS RETAIL NO CHARGE
(10 x 10 space and electric included)
APPLICATION DEADLINE – September 1, 2017**

PLEASE PRINT

Name: _____

Business Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Email: _____

New Jersey Sales Tax Number: _____

Federal ID #: _____

List **all** items to be sold: _____

I agree to be **set up by 10:30 AM and open from 11:30 AM – 5:00 PM** and to **offer only the items listed above**. I will keep my area neat and clean during and after the event. I understand that **all decisions made by HBP Events committee are final**. 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**