

2021 FOOD/BEVERAGE VENDOR CONTRACT

August 7-14, 2021

Return the dated and signed contract with appropriate forms, including a check made payable to the "New Jersey State Fair" for the food deposit amount of \$300.00 by March 1, 2021 to reserve a space. Final payment and Insurance certificate is due June 1, 2021. A LATE FEE of \$100 will apply.

You will receive a copy of your contract and invoice confirming your acceptance.

BUSINESS NAME: _					<u></u>
CONTACT PERSON	:				
	DRESS:CITY:				
STATE:ZIP:_		TELEPHON	NE :()		
CELL PHONE:()	EMAIL:			
PLEASE COMPLE WRITING NO LAT			ACHED. ALL CHANG	ES MUST BE S	UBMITTED IN
FOOD DEPOSIT - TI	nis deposit w	vill be credited to ye	our grand total due.	Price	e \$ <u>300.00</u>
SPACE REQUIREMI maneuver, etc.	ENT: Please	enter your space ro	equirement. Be sure to in	clude awnings, hi	tch, steps, room to
FRONTAGE	# of feet	DEPTH	# of feet (include any	space for tables	or tents).
Main Street Premium L	ocation is an	additional fee of \$	10 per Front Foot	Price	\$
SPECIFY amount of s	pace require	ed for stock truck a	and proximity to location_		
ELECTRICAL REC charge based on 208 Please enter approp Main unit:	volts. riate voltag	— e and amperage r	00 Electric Hookup/Discrequirements.	connect fee, plus	\$3 per AMP
Stock truck:		-		_	
			Hookup/D Amperage Charg	Disconnect Fee ge(\$3 per amp)	
FRANKFORD TOV SUSSEX COUNTY	VNSHIP BO DEPARTM	DARD OF HEAL IENT OF HEALT	<u>RMIT FEE</u> : (Payable an <u>TH FEE:</u> (Payable an <u>TH AND HUMAN SER</u> man Services). <i>SEE WE</i>	nd sent to Frank VICES FEE: (1	ford Twp.) Payable and sent
available tents for re		d in the Tent Pric	ested. All tents are equi ce Chart. Please enter te		e below.
TENT SIDE BARS (optional fo	r easy open/close)) \$100/10feet, \$200/20 fe	et	Price \$

property and personal injur	y arising from their oper	iblic liability insurance for los ations. The insurance certifical. Please indicate your choice	cate must name the
I would like to	purchase insurance from	m the fair for \$150.00.	Price \$
	f not received by June 1,	ng the NJSF/SCF&HS as an "2021, you will automatically l	
CHECK OUT: SUNDAY, A	AUGUST 14, 2021. Appo	intment will be assigned.	
CAMP SITE: Flat fee of \$35	5.00/night (\$52.50 pull the	rough) Number of nights:	PRICE:
NEW VENDOR DEPOSIT	(SEE APPLICATION)		PRICE: <u>\$100.00</u>
			TOTAL:
CREDIT CARD: Please circle type: America	n Express Visa Maste	rCard Discover	
Card #:	Expirat	ion date:	_
Security code: (found on back	ck of card; front for Ame	ex)	
CHECK: (Payable to: New . (Please note there is a \$25 c	,	as).	
of the gross sales (before tax must be submitted on the ap day. Payment in full is due	es) from this concession, propriate form to the Co at the assigned checkout	noted in the Vendor Handbook plus all appropriate charges. Oncession Office, no later than time. The Concessions Commondo concessions having the l	Accurate Daily Sales 11am of the following nittee reserves the right
		s we get guidelines from the sta necessary changes for the safet	
Signed		_ Date	
VEND	OR	D-4-	
SignedNJS	<u> </u>	_ Date	
Please return contract to:	New Jersey State Fair PO Box 2456 Branchville, NJ 07826 Attn: Concessions Mana		

Email: concessions@njstatefair.org Phone: 973-948-5500 ext. 225 FAX: 973-948-0147