



**2021 NON-PROFIT FOOD/BEVERAGE VENDOR CONTRACT
NEW JERSEY STATE FAIR
August 7-14, 2021**

Return the COMPLETED contract with appropriate forms including a check made payable to the “New Jersey State Fair” for the food deposit amount of \$300 by March 1, 2021 to reserve a space. Final payment and insurance certificate is due June 1, 2021. *Late fee of \$100 will apply*
You will receive a signed copy of your contract and your invoice confirming your acceptance.

BUSINESS NAME: _____

CONTACT PERSON: _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **TELEPHONE :**(____) _____

CELL PHONE :(____) _____ **EMAIL:** _____

PLEASE COMPLETE THE PRODUCT FORM ATTACHED. ALL CHANGES MUST BE SUBMITTED IN WRITING NO LATER THAN JUNE 1, 2021.

FOOD DEPOSIT: This deposit will be credited to your grand total due. **PRICE: \$300.00**

SPACE RENTAL: Spaces are a minimum of 10’ frontage. Depth will vary by location. Please enter your requirements.
Frontage _____ **Depth** _____

Main Street Premium Location is an additional fee of \$10 per front foot for non-permanent buildings.

PRICE: \$ _____

TENTS: We have tents available to rent, if requested. All tents are equipped with lights and sides. A list of available tents for rent are noted in the Tent Price Chart. A Porta floor is available for an additional price of \$1.50 per square foot.

Tent size: _____ **PRICE: \$** _____

Porta floor (Y or N) _____ **PRICE: \$** _____

Side bars (optional for easy open/close) \$100/10feet, \$200/20feet **PRICE: \$** _____

STATE OF NEW JERSEY FIRE SAFETY PERMIT FEE: (Required)

Application and payment to be made to Township of Frankford.

FRANKFORD TOWNSHIP BOARD OF HEALTH FEE: (Required)

Application and payment to be made to Township of Frankford.

SUSSEX COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES FEE: (Required)

Application and payment to be made to the Sussex County Department of Health and Human Services.

INSURANCE: Vendors shall obtain and maintain public Liability Insurance for loss, damage to rented property and personal injury arising from their operations. The insurance certificate must name the NJSF/SCF&HS Association as an Additional Insured.

Yes _____ I would like to purchase insurance from the fair for \$150.00. PRICE: \$ _____

No _____ I will provide liability insurance naming the NJSF/SCF&HS as an 'Additional Insured' by June 1, 2021. If not received by June 1, 2021, I will be put on the fair's policy for the fee of \$150.00.

ELECTRICITY:

PERMANENT BUILDINGS – Price is \$150 flat fee. PRICE: \$ _____

NON-PERMANENT BUILDING: \$200 charge for hookup and disconnect. PRICE: \$ _____

NEW VENDOR DEPOSIT (SEE APPLICATION) PRICE: **\$100.00**

TOTAL: \$ _____

CHECK OUT: Sunday, August 15, 2021. An appointment will be assigned.

CREDIT CARD:

Please circle type: American Express Visa Master Card Discover

Card #: _____ Expiration Date: _____

Security Code: _____

CHECK: (payable to New Jersey State Fair) Please note: there is a \$25.00 charge for returned checks.

I have read and agree to all contract stipulations as noted in the Vendor Handbook. I agree to pay 12% of the gross sales (before taxes) from this concession, plus all appropriate charges. Accurate daily sales must be submitted on the appropriate form to the Concessions Office, no later than 11AM of the following day. Payment in full is due at the assigned checkout time.

******* Covid protocols for vendors will follow as soon as we get guidelines from the state. Due to Covid, The New Jersey State Fair, reserves the right to make any necessary changes for the safety of all involved.***

Signed _____ Date _____

VENDOR

Signed _____ Date _____

NJSF

Please return contract to: New Jersey State Fair
Attention: Concessions Manager
PO Box 2456
Branchville, NJ 07826

973 948-5500 Ext. 225
concessions@njstatefair.org