



**2022 COMMERCIAL TENT VENDOR CONTRACT**  
**NEW JERSEY STATE FAIR**  
**Friday, August 5 at 5PM - Saturday, August 13 at 10PM**

Return the **COMPLETED, DATED AND SIGNED** contract with appropriate forms, including a check made payable to the “New Jersey State Fair” for 50% of the contract amount by March 1, 2022 to reserve a space. Balance and Insurance is due June 1, 2022.

**BUSINESS NAME:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **TELEPHONE :**(\_\_\_\_\_) \_\_\_\_\_

**CELL PHONE:**(\_\_\_\_\_) \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**COMMERCIAL TENT:** The Commercial Tent is a 180’ X 66’ clear span tent. Spaces are 10’ deep with 10’ minimum frontage with 10’ increments. The cost is \$90.00 per front foot which includes one 110V/ 20 amp circuit. Please note that there is a limited number of corner spaces! Please indicate the number of front feet required:

**SPACE:**

Outside row _____ feet	PRICE: \$ _____
Inside row _____ feet	PRICE: \$ _____
Corner: \$100 premium charge	PRICE: \$ _____

**ADDITIONAL ELECTRICAL CIRCUITS** are priced at \$100 each.

**TOTAL NUMBER OF EXTRA CIRCUITS REQUIRED** \_\_\_\_\_ **PRICE:** \$ \_\_\_\_\_

**STATE OF NEW JERSEY FIRE SAFETY PERMIT FEE: \$5.00 per 10’ space** **PRICE:** \$ \_\_\_\_\_

**INSURANCE:** Vendors shall obtain and maintain public liability insurance for loss, damage to rented property and personal injury arising from their operations. Insurance Certificate must name the NJSE/SCF&HS as an Additional Insured. ( see page 7 of our Vendor’s Handbook )

\_\_\_\_\_ I would like to purchase insurance from the fair for \$165. PRICE: \$ \_\_\_\_\_

\_\_\_\_\_ I will provide insurance naming the NJSF/SCF&HS as an "Additional Insured" by June 1, 2022. If not received, I could be charged \$165 to be put on the fair's policy.

**CAMP SITE:** \$50/night Number of nights \_\_\_\_\_ PRICE: \$ \_\_\_\_\_  
\$75/night Number of nights \_\_\_\_\_ PRICE: \$ \_\_\_\_\_

**NEW VENDOR DEPOSIT (if applicable)** PRICE: \$100.00

**TOTAL:** \$ \_\_\_\_\_

**CREDIT CARD:**

Please circle type: American Express Visa MasterCard Discover

Card #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Security code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**CHECK:** Payable to: New Jersey State Fair. (Please note there is a \$25 charge for returned checks)

I have read and agree to all contract stipulations as noted in the New Jersey State Fair® / Sussex County Farm & Horse Show Association Vendor Handbook. All final location assignments are at the discretion of the Concessions Committee.

*\*\*\*\* 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 \_\_\_\_\_  
Concessions Manager

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

Or email to: [dpost@njstatefair.org](mailto:dpost@njstatefair.org)

Or fax to:  
973-948-0147