



2022 FOOD/BEVERAGE VENDOR CONTRACT
Friday, August 5 at 5PM - Saturday, August 13 at 10PM

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, 2022 to reserve a space. Final payment and Insurance certificate is due June 1, 2022.

BUSINESS NAME: _____

CONTACT PERSON: _____

ADDRESS: _____ **CITY:** _____

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

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

SPACE REQUIREMENT: Please enter your space requirement. Be sure to include awnings, hitch, steps, room to maneuver, etc.

FRONTAGE _____ # of feet **DEPTH** _____ # of feet (include any space for tables or tents).

Main Street Premium Location is an additional fee of \$10 per Frntage **PRICE:** \$ _____

SPECIFY amount of space required for stock truck and proximity to location _____

FOOD DEPOSIT: Please add the \$300 to your total. This deposit will credited to your grand total. **PRICE:** **\$300.00**

ELECTRICAL REQUIREMENT: There is a \$200 Electric Hookup/Disconnect fee, plus \$3 per AMP charge based on 208 volts.

Please enter appropriate voltage and amperage requirements.

Main unit: _____

Stock truck: _____

Hookup/Disconnect Fee **PRICE:** **\$200.00**

Amperage Charge(\$3 per amp) **PRICE:** \$ _____
(Main unit + Stock truck)

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.

Please make yourself aware with the requirements for Mobile Truck operators and Open Flame Cooking!!!!!!!!!!!!!! ☺

All of the above forms can be found on our website, Frankford's and Sussex County's!!!!!!!!!!!!!! ☺

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 \$1.75 per square foot.

Tent size: _____ **without sides** **PRICE:** \$ _____

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

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

Special requests for tent(s) _____

STATE OF NEW JERSEY FIRE SAFETY PERMIT FEE: (Payable to Frankford Township)
****If your tent is **Greater than** 900 sq. ft in area **AND** more than 30 ft in any direction an additional permit application and fee is required for the tent.*

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. (see page 7 of our Vendor Handbook)

_____ I would like to purchase insurance from the fair for \$165.00. **PRICE:** \$ _____

_____ I will provide liability insurance naming the NJSF/SCF&HS as an “Additional Insured” by June 1, 2022. If not received, you could be put on the fair’s policy for a fee of \$165.00.

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 Vendor Handbook. I agree to pay 20 % of the gross sales (before taxes) from this concession, plus all appropriate charges. Accurate Daily Sales must be submitted to the Concession Office, **no later than 11am on the following day.** Please remember that **Pepsi** has an **exclusivity** contract with the NJSF. Payment in full is due at the assigned checkout time. The Concessions Committee reserves the right to assign all final locations.

***** 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
PO Box 2456
Branchville, NJ 07826
Attn: Concessions Manager

Email to: dpost@njstatefair.org

Or fax to: 973-948-0147