



2023 COMMERCIAL TENT VENDOR CONTRACT
NEW JERSEY STATE FAIR
Friday, August 4 at 5PM - Saturday, August 12 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, 2023 to reserve a space. Balance and Insurance is due June 1, 2023.

BUSINESS NAME: _____

CONTACT PERSON: _____

ADDRESS: _____ **CITY:** _____

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

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

Please list name and number of anyone else you would like notified with our Emergency Contact System. _____

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 NJSF/SCF&HS as an Additional Insured. (see page 8 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, 2023. If not received, I could be charged \$165 to be put on the fair’s policy.

NJ Sales Tax:

A NJ State Sales Registration number is required of all vendors. Please see page 10 of the handbook.

_____ I acknowledge having a Tax ID number and will make sure it is posted.

_____ I do not have a Tax ID number.

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

NEW VENDOR DEPOSIT (if applicable)

PERFORMANCE BOND FEE: All NEW EXHIBITORS must enclose a separate \$200.00 check, and a self-addressed envelope with their contract. The same check will be mailed back to you after the fair, providing you have manned your booth during all fair hours, your spaces are left in a clean, acceptable condition, and you have complied with all rules and regulations found in the Vendor Handbook.

PRICE: \$ _____

TOTAL: \$ _____

FINANCIAL INFORMATION:

CREDIT CARD:

Please scan the QR Code with your phone or follow the link below to complete your payment information! *There is a 3.5% processing fee with this option.*



<https://secure.transaxgateway.com/HostedPaymentForm/HostedPaymentPage.aspx?hash=%2FnRECCdprQClaoN0WxaMg%3D%3D4lepjYnlCpev8rJ4uimcmw%3D%3D>

Pay by Check: made out to The New Jersey State Fair
Pay with PayPal (see website)

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.

***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

Or fax to: 973-948-0147