

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, 2023 to reserve a space. Final payment and insurance certificate is due June 1, 2023.

BUSINESS NAME:			
CONTACT PERSON:			
ADDRESS:		CITY:	
STATE:ZIP:	TELEPHONE :	()	
	_) EMAI	L:	
SPACE RENTAL: Sp your requirements.	aces are a minimum of 10' from Depth	tage. Depth will vary by	v location. Please enter
Main Street Premium	Location is an additional fee of S	\$10 per front foot for no	on-permanent buildings.
FOOD DEPOSIT; Ple credited to your grand	ease add the \$300 to your total. ' total.	This deposit will be	PRICE: <u>\$</u> PRICE: <u>\$300.00</u>
	s available to rent, if requested. ent are noted in the Tent Price C are foot.		0
Tont size	without sides		DDICE.¢

Tent size:	without sides	PRICE: \$
Tent size:	with sides	PRICE: \$
Porta floor (Y or N)		PRICE: \$

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.

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!!!!!!!! @

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 8 of our Vendor Handbook)

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

No _____ I will provide liability insurance naming the NJSF/SCF&HS as an 'Additional Insured' by June 1, 2023. If not received, I could be put on the fair's policy for the fee of \$165.00.

ELECTRICITY:

PERMANENT BUILDINGS – Price is \$150 flat fee.	PRICE: \$
NON-PERMANENT BUILDING: \$200 charge for hookup and disconnect.	PRICE: \$

TOTAL: \$ _____

FINANCIAL INFORMATION:

CREDIT CARD:

Please scan the QR Code with your phone or follow the link below to complete your payment information!



https://secure.transaxgateway.com/HostedPaymentForm/HostedPaymentPage.aspx?hash=%2FnRECcCdprQClao N0WxaMg%3D%3D4lepjYnlCpev8rJ4uimcmw%3D%3D

Pay by Check Pay by PayPal (see website)

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 to the Concessions Office, no later than 11AM on the following day. Payment in full is due at checkout time. (an appointment time will be assigned)

****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 M	lanager
Please return contract to:	New Jersey State Fair Attention: Concessions Manager
	PO Box 2456
	Branchville, NJ 07826
Email to: d	oost@njstatefair.org
Or fax to:	973-948-0147