



2023 FOOD/BEVERAGE VENDOR CONTRACT

Friday, August 4 at 5PM - Saturday, August 12 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, 2023, to reserve a space. Final payment and Insurance certificate 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: _____

EXACT 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 be 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.

Hookup/Disconnect Fee: PRICE: \$200

Main unit: _____ Amps_X \$3
Stock truck: _____ Amps_X \$3 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.

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

***** GREY WATER:**
_____ I agree to contact Jose, from Septic Care, to properly dispose of my Grey Water. (The Fair does not want the grey water dumped on the ground or in our septic system)

TENTS: We have tents available to rent, if requested. All tents are equipped with lights. 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) _____ (\$1.75 per sq. ft.) 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, 2023. 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: _____

NEW VENDOR DEPOSIT: (if applicable) PRICE: \$ _____

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.

TOTAL: _____

FINANCIAL INFORMATION:

CREDIT CARD:

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



<https://secure.transaxgateway.com/HostedPaymentForm/HostedPaymentPage.aspx?hash=%2FnREccCdprQClaoN0WxaMg%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 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.

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