



2023 ARTISAN AND NJ PRODUCT VENDOR CONTRACT
NEW JERSEY STATE FAIR
GARDEN STATE MARKETPLACE BUILDING
Friday, August 4 at 5PM – Saturday, August 12 at 10 PM, 2023

Return the COMPLETED, DATED AND SIGNED contract and appropriate appendices along with a check made out to the “New Jersey State Fair.” Payment for one-half the rent minus any deposit already given by March 1, 2023. Balance and insurance are due by June 1, 2023. You will receive a signed copy of this contract. Please review this document prior to submitting to be sure it is correct

***** Balance is due on June 1, 2023 !**

CONTACT PERSON: _____

BUSINESS NAME: _____

ADDRESS: _____ **CITY:** _____

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

FAX :() _____ **EMAIL:** _____

CELL PHONE: _____ **TEXT? YES** _____ **NO** _____

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

ALL CRAFTERS AND VENDORS OF NJ PRODUCTS WILL BE JURIED AND MUST **BE APPROVED** TO PARTICIPATE IN THE GARDEN STATE MARKETPLACE. PLEASE SEE ATTACHED JURY INFORMATION.

SPACES: are 10’ deep and a minimum of 15’ wide. Each space includes one 110v electric outlet.

TIMES: The Garden State Marketplace Building will be open from 10AM until 10PM on weekends and from Noon until 10PM during the week.

PRICING

Spaces will be priced at \$100 per day. (\$50 for the first Friday)

CONTRACT CHOICE: _____

5PM Friday, August 4th, – Saturday, August 12th 10PM = \$850

5PM Friday, August 4th – Tuesday, August 8th 10PM. = \$450

12 noon Wednesday, August 9th – Saturday, August 12th 10PM = \$400

Other: _____

Of SPACES: _____

PRICE \$ _____

INSURANCE: Vendors shall obtain and maintain public liability insurance for loss, damage to rented property and personal injury arising from their operations under the License. Insurance Certificate must name the NJSF/SCF&HS Association as Additional Insured.

I will provide liability insurance naming the SCF&HS Association as Additional Insured by June 1, 2023.

I will see if my Homeowner's Insurance will cover me and provide a copy showing coverage.

I will purchase the Fair's Insurance for \$165 for the week. Our insurance company will not pro-rate the coverage per day.

TOTAL PRICE \$ _____

I have read and agree to the Jury guidelines and requirements. (Attached) _

I have included a copy of my NJ State Sales Tax ID (see pg. 11 of Vendors' Handbook)

FINANCIAL INFORMATION:

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.*

CREDIT CARD:



<https://secure.transaxgateway.com/HostedPaymentForm/HostedPaymentPage.aspx?hash=%2FnRECCdprQCla0N0WxaMg%3D%3D4lepjYnlCpev8rJ4uimcmw%3D%3D>

CHECK: Payable to: New Jersey State Fair
Check # (please note there is a \$25 charge for returned checks): _____

PayPal: (see website)

I have read and agree to all contract stipulations in the New Jersey State Fair® / Sussex County Farm & Horse Show Assoc. crafter and NJ Product vendor, Jury Instructions & General Terms & Conditions. It is our desire to place you according to your request if at all possible but final location assignments are the responsibility of the Committee and must be adhered to. Incomplete contracts will be returned.

Signed _____
Artisan/ Crafter

Date _____

Signed _____
NJSF Concessions Manager

Date _____



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COMMENTS:

Please return contract to: New Jersey State Fair

**Attention: Concessions:
Doug Post
PO Box 2456
Branchville, NJ 07826
973-948-5500 x225**