

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, 2024 to reserve your space. Final payment and insurance certificate is due June 1, 2024.

BUSINESS NAME:		
CONTACT PERSON:		
ADDRESS:	CI	ГҮ:
STATE:ZIP:	TELEPHONE :()	
CELL PHONE :()_	EMAIL:	
<u>SPACE RENTAL:</u> Spaces your requirements. FrontageD	are a minimum of 10' frontage. Depth Depth	will vary by location. Please enter
Main Street Premium Loc	ation is an additional fee of \$10 per fro	nt foot for non-permanent buildings.
		PRICE: <u>\$</u>
FOOD DEPOSIT: Please a credited to your grand tota	add the \$300 to your total. This deposit al.	: will be PRICE: <u>\$300.00</u>
	are noted in the Tent Price Chart. A P	re equipped with lights and sides. A list orta floor is available for an additional
Tent size:	without sides	PRICE: \$

Tent size: _____ with sides

Porta floor (Y or N)_____

PRICE: \$_____

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.

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, 2024. 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: \$	

Ticket Notification:

Two lead members of your organization may receive an ID badge. Please fill out the Ticket Form accordingly and submit their names to me. They will need to come to the office in July to get a photo taken.

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

<u>Pay by Check</u> Pay by PayPal (see website)

Vendor displays, merchandise and personnel must remain within the confines of the location designated in your Contract Agreement. No "walk-arounds", entertainment, outside posters, sandwich boards, menus, soda or ice machines, handbills, sales information or distributing literature, etc., is permitted outside of your space. Exhibit material cannot overflow into the aisles. Additional materials must be stored neatly out of sight of Fairgoers. These terms pertain to both indoor and outdoor vendors. Initial

Sound-producing devices/methods used shall not annoy or inconvenience other licensees or patrons. The Fair reserves the right, in its sole discretion, to require the reduction of volume or removal of sound producing devices/methods. Undue noise made in the operation of exhibits, or noisy or unseemly methods employed as sales tactics or demonstrations are not permitted. The decision of what constitutes undue noise or unseemly method shall rest with the NJSF/SCF&HS, whose decision will be final. Initial

**** 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
 Date

 Signed
 Date

 Concessions Manager
 Date

 Please return contract to: New Jersey State Fair
Attention: Concessions Manager
PO Box 2456
Branchville, NJ 07826
 Manager

 Email to:
 dpost@njstatefair.org

Or fax to: 973-948-0147