



Vendor Application

(Event Date: Saturday, July 22nd 4:00 – 11:00 p.m.)

Rain Date: Sunday July 29th 4:00 – 11:00 p.m.)

Vendor Application – **Application Deadline July 7, 2017**

First come first serve as space is limited

***** PLEASE PRINT LEGIBLY *****

Name of organization / vendor: _____

Address: _____

New Jersey State Tax I.D. #: _____

Telephone: _____

Contact person: _____

Tentative menu / assortment of merchandise: _____

Vendor Category:

- (\$50) Resident vendor
- (\$75) Non-resident vendor
- (\$35) Charitable Organization

Remarks or needs: _____

**Make Checks payable to:
Borough of Carteret**

Return to:

**Borough of Carteret
Attn: Taqualla Lowman
61 Cooke Avenue
Carteret, New Jersey 07008**

For additional information, please call 732.541.3890 or email lowmant@carteret.net

Required with application:

- Fire Permit to the Borough of Carteret for tents, propane, grills
- Board of Health Application & Certificate for Food, Food Handlers Permit

Vendors must provide your own tents, tables, generators, cords, etc. (NO ELECTRIC PROVIDED)

Load-In Time T.B.D. ~ Carteret will provide a 12 feet by 12 feet Vendor area unless otherwise requested

I am applying to participate as a vendor in the above-mentioned event. Acceptance into the event is at the discretion of Carteret.

If accepted, I agree to be open during all hours of the event and offer only the items from above that are approved by Carteret. I will keep my area clean. All vendors must supply their own tables, lights, generators, outdoor extension cords. If you are using frying oil, you must ensure it does not spill on the ground when cooking, and you must dispose of the frying oil after the close of the event. If there are remains on the ground, Carteret will be issuing fines. **If you are serving food it must be prepared in a licensed facility or prepared on location, under no circumstances should food be prepared at home. No food vendor will be allowed to participate without meeting the necessary requirements (Please see the attached information from the Board of Health for further details).** I understand that all decisions made by Carteret Event Committee are final. Failure to abide by the above mentioned rules could prohibit my participation in this event.

There are no refunds. There is a \$25 fee for returned checks.

Signature: _____

Date: _____

Notes: