



Business Vendor Application

Business Name: _____

Contact Person: _____

Business Phone: _____ Fax: _____ Cell: _____

Email: _____ Website: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

CC Number***: _____

Name on Card: _____

Billing Address (if different from above): _____

Freedom Fest State Fair, Inc. PO Box 84 Allentown, NJ 08501

City: _____ State: _____ Zip: _____

Please list the types of products and/or services to be exhibited or sold. Be specific (generalizations such as t-shirts, sweatshirts, hats, clothing, novelties, toys, gift items, jewelry, import, etc. are not acceptable). Space assignments will reference this list. Once a contract is issued, you may not display or sell additional products or services without the approval of the Freedom Fest State Fair.

Additional Space/Power Requested: _____ft _____(Volts/Amps)

Tent Requirement: I will utilize my own tent for the duration of the event _____

I will require the rental of a tent from FFSF, _____ 10ft. _____ 20ft. _____ 30ft. (at \$125.00/10ft.)

I, the undersigned, agree to comply with all rules, regulations, guidelines, terms and agreements set forth by the Freedom Fest State Fair. I understand that my application fee, once accepted, is non-refundable.

Signature: _____ Date: _____

Freedom Fest State Fair, Inc.

PO Box 84 Allentown, NJ 08501

Print Name: _____

Notes:

1. A \$500 non-refundable application fee must be received with this application. Plus a \$100 security deposit check that will be returned to you if there is no damage to your area. Checks should be payable to the Freedom Fest State Fair.
2. Should you leave before the end of the Fair (Sunday, July 16th at 10 p.m.) you will be charged \$750. Please supply Freedom Fest State Fair with a credit card number and authorization agreeing to these terms.***
3. Applications must include this form completed in its entirety, **the applicable deposit, a signed Hold Harmless Agreement, proof of automobile insurance, proof of workers comp. (if not a family owned business) and a Certificate of Liability Insurance with additional insured being (both addresses must be on the Certificate of Liability):**
 - a. Freedom Fest State Fair: P.O. BOX 84 Allentown, NJ 08501
 - b. Horse Park of New Jersey: 626 Route 524, Allentown, NJ 08501
4. Please mail all required forms along with deposits to:

Freedom Fest State Fair
Attn: Patty Titen
PO Box 84
Allentown, NJ 08501

Please list all of the employees that will be working the Fair*

Name	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

*If you are unsure at time of payment the names of the employees who will be working at your booth, you must bring that information with you at vendor check-in.