

CRAFT VENDOR APPLICATION

Business Name:							
Contact Person:							
Business Phone:	Fax:	Cell:					
Email:	Websit	Website:					
Mailing Address:							
City:	State:	Zip:					
CC Number***:							
Name on Card:							
Billing Address (if differe	nt from above):						
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, Freedom Fest State Fair, Inc. P.O. BOX 84 Allentown, NJ 08501

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:
Print Name:

Notes:

- 1. A \$250 non-refundable (once accepted) application fee must be received with this application. 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 and a Certificate of Liability Insurance with additional insured being:
 - 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
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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.