



### Nonprofit 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): \_\_\_\_\_

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.

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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 \$100 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 16<sup>th</sup> 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.