



TOWNSHIP OF TOMS RIVER

Presents

TOMS RIVER FOOD FEST

Washington Street, Toms River, New Jersey

Saturday, May 6, 2017

11:00 a.m. to 8:00 p.m. - Set up: 7:00-10 am - Opening: 11:00 a.m.

- Breakdown: 8:00-9:00 pm -

Rain date: Sunday, May 7th - same time schedule -

Name: _____ Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Fax: _____

E-mail: _____ Web: _____

List ALL items to be sold, distributed OR activity planned. Please use additional page if needed; providing accurate information assists us in your placement:

❖ Vendor must supply own tents, tables, chairs and signage. Each space 10' deep, 15' wide. Over 15' you will need 2 or more spaces and you will be turned away on day of event if not in compliance. Generators required if electric needed. No electricity available.

❖ If you are selling food, you must abide by the OC Board of Health regulations. Rules enclosed if cooking. There will be an on-site inspection. If cooking, you will need a Toms River Township Fire Permit returned with this application and to be presented on the day of the event & an up-to-date fire extinguisher. Fire permits available at Toms River Township Bureau of Fire Prevention, Toms River Town Hall, 33 Washington Street, Toms River. (Lower level)

Sign up before April 7th to receive early Bird Special

\$415.00 Food Vendor per space (\$310.00 Early Bird) ~ \$260.00 Snack Vendor (\$205.00 Early Bird) ~

\$310.00 Non-Profit Food (\$205.00 Early Bird) ~ \$175.00 Crafters*, Insured (\$125.00 Early Bird) ~

\$155.00 Non-Profit Info. Only- No Food (\$105.00 Early Bird) ~ \$260.00 Businesses (\$205 Early Bird) ~

Enclosed is my payment (check or money order) of \$_____ for # _____ spaces. You may charge online by logging on to <http://register.communitypass.net/tomsriver>, create an account, and register under "FoodFest".

*WILL BE PLACED IN SPECIAL CRAFTER AREA BY O.C. LIBRARY OFF OF WASHINGTON ST. FOR TABLES ONLY.

❖ All monies are Non-Refundable. Returned checks for insufficient funds will be charged \$20.00 bank charge. I agree to keep open during all hours of the event and have someone staffing at all times. I will offer for sale only the items listed above. I will keep my area neat and clean and will make sure it is clean when I leave. **No helium balloons are allowed.**

❖ All Vendors are **required** to submit the enclosed Vendor Hold Harmless/Insurance Agreement, a Certificate of \$500,000 Liability insurance, and a copy of your NJ Sales tax Certificate including those paying by charge online.

Signature: _____ Date: _____

Mail Completed Vendor Application, Hold Harmless Agreement, Insurance Certificate, NJ Sales Tax Certificate, OCHD Temporary Retail Food Establishment Application and payment to: **Toms River Township, 1810 Warren Point Road, Toms River, NJ 08753**Phone: 732-341-1000 ext.8415**

❖Return completed application & other paperwork by Friday, April 21, 2017

TOWNSHIP OF TOMS RIVER
AND

2017 TOMS RIVER FOOD FEST VENDOR HOLD HARMLESS/INSURANCE AGREEMENT

The Vendor _____ agrees to maintain in full force a policy of comprehensive general liability insurance with a liability limit of at least \$500,000 per occurrence and this Certificate agreeing to indemnify and hold harmless the Township of Toms River from and against any legal liability and respects to bodily injury, property damage, death, all claims, damages, costs, expenses, including reasonable attorney fees arising out of the insured's operation at the Toms River Food Fest activities which will take place on Washington Street and adjacent vicinity on May 6, 2017. Event hours from 11 a.m. to 8:00pm. Rain date: May 7, 2017.

The above applicant also agrees to name the aforementioned organization (Township) as additional insured, and provide a valid certificate of liability insurance.

This form becomes part of the Certificate of Insurance to which is/will be attached.

Organization/Vendor/Business Name

Event

Event Date

Print Officer/Vendor Name

Officer/Vendor Signature

Print Witness Name

Witness Signature

Date of Agreement: _____

****CERTIFICATE HOLDERS MUST INCLUDE THE FOLLOWING.
(The below must appear as additional insured on policy.)**

Township of Toms River
Paul J. Shives, Administrator
33 Washington Street
P.O. Box 728
Toms River, NJ 08754