

# ALLENDALE CHAMBER OF COMMERCE FESTIVAL DAY 2019

## Vendor Participation Form for Non-Chamber Members

I, \_\_\_\_\_, in exchange for a fee of \$75.00 for each 12' x 12' spot (# of spots) \_\_\_\_\_ agree to participate in the Allendale Chamber Festival Day 2019 in accordance with the following terms:

1. The Allendale Chamber Festival Day 2019 is scheduled to take place on **Saturday, October 5th, 2019 from 10:00 am to 4:00pm** on West Allendale Avenue, Allendale, NJ. This is a rain or shine event - No rain date. All participants must be checked in by 9:00am to avoid traffic congestion. Late arrivals may have their spot re-assigned.
2. All Festival spots will be 12 ft. by 12 ft. The spot locations will be assigned on a first come, first served basis. Spot assignment will ultimately be the decision of The Allendale Chamber of Commerce.
3. The ACofC DOES NOT PROVIDE TABLES, CHAIRS OR ELECTRICITY. Vendors that require electricity must make their own arrangements. The Allendale Chamber of Commerce does not guarantee or warrant exclusivity to any vendor for any product or service.
4. Except for food vendors, there are no vehicle spots available in the event area. All vehicles must be parked in a designated parking lot.
5. Please return the original signed contract agreement with registration fee of \$75.00 to:  
Allendale Chamber of Commerce  
Festival Day Vendor Form  
P O Box 144  
Allendale NJ 07401
6. Your payment of \$75.00 must be received by September 15. Thereafter, a late registration fee of \$100.00 must be paid via money order or cash.
7. The registration fee is NON-REFUNDABLE and NO CREDITS are provided toward future events.
8. The Allendale Chamber of Commerce reserves the right to reject an application for any reason and at any time. In such an event the registration fee will be refunded.
9. **ATTENTION FOOD & BEVERAGE VENDORS**  
The attached Board of Health form and \$10.00 fee must be completed and returned. Direct questions to: Jean Manus, Health Board Secretary, [jeanmanus@allendalenj.gov](mailto:jeanmanus@allendalenj.gov) 201-818-4400 x211

Business Name: \_\_\_\_\_

Contact Name: (please print) \_\_\_\_\_

Address: (please print) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Item/Craft/Service: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

*Please print legibly & include an email address as this will be our primary form of contact with you.*

For additional forms and festival information visit our website - [AllendaleNJChamber.org](http://AllendaleNJChamber.org) or email [Info@AllendaleNJChamber.org](mailto:Info@AllendaleNJChamber.org) or call Tyler Yaccarino **201-661-4307**

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### AGREEMENT

This is an agreement given by the VENDOR referenced below to The Allendale Chamber of Commerce (ACofC).

1. VENDOR has leased from ACofC the right to exhibit its goods and/or services at an ACofC function, specifically, The Allendale Festival Day, to be held October 5, 2019.
2. VENDOR agrees to indemnify, defend, and hold harmless ACofC from and against any and all liability, losses, damages, costs and expenses, including reasonable counsel fees, directly or indirectly arising out of the use of the space and for any damages to property of person which may be sustained by VENDOR resulting from the occupancy by the VENDOR of the space.
3. It is expressly understood and agreed by and between the parties hereto that ACofC shall not be liable for any damages to property or person which may be sustained by VENDOR resulting from the occupancy by VENDOR of the space, and that VENDOR shall hold ACofC and its officers, directors and members harmless from any and all said damages or injuries. If required by ACofC, VENDOR will maintain insurance for this purpose and provide ACofC with a copy of such certificate of insurance.
4. Fee is for spot assignment only and is not refundable under any circumstances.  
TABLES, CHAIRS, ELECTRICITY, EXCLUSIVE PRODUCT/SERVICE USE ARE NOT INCLUDED WITH FEE AND SUBJECT TO THE DISCRETION OF ACofC ALONG WITH ANY ADDITIONAL FEES.
5. ACofC does not guarantee or warrant exclusivity to any vendor for any product or service and reserves the right to reject an application for any reason. In event of cancellation, fee will be refunded.
6. If vendor is providing food and/or beverage, the Board of Health form has been completed and submitted per the instructions on the form.

IN WITNESS WHEREOF, the undersigned have read and understand this agreement

Date: \_\_\_\_\_

Vendor Name: \_\_\_\_\_  
(Please Print)

By: \_\_\_\_\_  
(Signature of Vendor/Crafter)

**THIS FORM MUST BE RETURNED SIGNED WITH COMPLETED CONTRACT  
THE CONTRACT IS NOT VALID UNTIL PAYMENT IS RECEIVED**

You will be notified with your spot number no later than two (2) days prior to the event via email or via telephone if no email is provided.