

Netcong Community Partnership  
*presents the*  
**NETCONG COMMUNITY MARKETPLACE**

**2023 Vendor Registration Form**

**Vendor/Business Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Goods to be Sold:** \_\_\_\_\_

**When:** Every Saturday from MAY 6 thru NOVEMBER 18, 2023 (29 Weeks)  
**Set-up Time:** 10 am - 2 pm (*Set-up 9 am-9:45 am*)  
**Where:** New Jersey Transit Train Station, Main Street, Netcong, NJ  
**Details:** Food vendors MUST submit Board of Health Application at time of registration  
Canopies, Electricity and Water WILL NOT BE AVAILABLE.  
12 ft. x 12 ft. Spaces will be assigned on a first come first serve basis.  
Canopies MUST be secured.

**FEES:** **Full Season (29 Days)..... COMMITTED/PAID BY APRIL 1- \$ 500**  
**Includes Special Event Days**  
**Half Season (15 Days).... COMMITTED/PAID BY APRIL 1- \$ 300**  
**Includes Special Event Days**  
**Special Event Days ..... \$ 40 (Check or Cash / per 12 x 12 space)**  
**Saturday Daily Fee .....\$ 30(Check or Cash / per 12 x 12 space)**  
Additional Space on Pre-Paid Dates.....\$20 each  
**No Fees for Non-Profit Community Organizations or Netcong Businesses**

*All proceeds benefit the Netcong Community Partnership in support of ongoing community efforts.*

**Check All That Apply:**  Full Season (\$ 500 )  Saturday Daily (\$ 25/ Day of)  
 Half Season (\$300).  Special Event Day(s) ONLY. **(Highlighted Below).**

**Circle Dates:** May **6** 13 20 27 / June 3 **10** 17 24 / July 1 8 **15** 22 29  
Aug. **5** 12 19 26 / Sept. 2 **9** 16 23 30 / Oct. **7** 14 **21** 28  
Nov. 4 11 18

**# of 12 ft x 12 ft Spaces Needed:** \_\_\_\_\_. **Check #:** \_\_\_\_\_ **Amount:** \_\_\_\_\_  
**Make checks payable to:** Netcong Community Partnership,  
**Mail Completed Form & Check to:** 23 Maple Ave., Netcong, NJ 07857

Need more info: Contact Maria at [NetcongMarketplace@gmail.com](mailto:NetcongMarketplace@gmail.com) / 973.296.7638

**Vendor Spaces are not confirmed until contacted by Marketplace Manager.**  
**Food Vendors must have a Certificate of Insurance & a Food Handlers Permit**  
**Board of Health Food Handler Permit (if applicable) will be sent to**  
**food handler vendors upon approval of registration**  
**Please KEEP a Copy of This Registration Form**

**OFFICE USE: Check Amount Received:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_