



Netcong Arts by the Lake Fine Arts & Crafts Expo

Saturday June 2, 2018, 10 am – 4 pm • Rain Date: Sunday June 3, 2018

Mail: 23 Maple Ave., Netcong, NJ 07857 • Email: NetcongArts@gmail.com

• Website: GoNetcong.com

Food Vendor Registration Closes Friday May 18, 2018. No Exceptions. Space is Limited.

The Netcong Arts by the Lake Fine Arts & Crafts Expo an opportunity to sell food and beverages at the gazebo park (corner of Main Street and Rt. 183 across from the lake) as part of a business promotional event. **This event is free to Netcong businesses** on a first come, first served basis as long as applicants fill out all paperwork and provide a check for \$40.00 to reserve your space. Checks will be returned to vendors at the end of the event to those who fully participate.

- Vendor Space is approximately 15 Ft. Wide x 10 Ft. Deep. Set up: 9:00 am • Clean up by: 5:00 pm
- Vendor is responsible for own set up including tables, chairs, sun awning, trash cans, etc.
- Space must be kept clean and in good shape by the participant.
- Electrical power and running water is not available.
- As required by law, each artist/vendor is responsible for collecting and turning in state taxes.
- Food Vendors **MUST** complete the Board of Health Application at time of registration.

FOOD VENDOR APPLICATION

VENDOR NAME: _____

NETCONG ADDRESS: _____

PREFERRED PHONE: _____ ⇒ cell ⇒ landline

EMAIL: _____ WEBSITE: _____

Best way to contact you: Email _____ Phone _____ Text _____

- Please describe Items/Food Being Sold

- Have you participated in Netcong Day? _____ Yes _____ No

Checklist

- ⇒ Application is filled, signed and submitted no later than Friday May 18, 2018.
- ⇒ \$40 check made out to Netcong Community Partnership (to be returned day of event).
- ⇒ Board of Health Food Handler Application is complete.
- ⇒ Certificate of Insurance from vendor that names Netcong Community Partnership and Netcong Borough as additional insured is submitted with application.

I understand that my signature below indicates that I have read the supplied information and agree to provide all information and services as described. I hereby do expressly release Netcong Community Partnership and Netcong Borough, its officers, agents and employees from any and all liability for any damage, injury or any personal injury property loss or damages of any nature or cause suffered as a result of the operation of this show and will abide by the rules and regulations of the show. I give my permission to use my name, business name, images submitted and any photographs taken at the show of me and my items for advertising or publicity purposes. I understand that an application is a commitment to the show and will respect that commitment.

Date _____ Signature _____ Print name _____



BOARD OF HEALTH FOOD HANDLER APPLICATION

EVENT NAME: Netcong Arts by the Lake Fine Arts & Crafts Show & Sale
DATE: Saturday June 2, 2018 • **Rain Date:** Sunday June 3, 2018
TIME OF EVENT: 10 am – 4 pm • **Set up:** 9:00 am **Clean up by:** 5:00 pm
LOCATION: Netcong Gazebo Park, Corner of Main Street and Rt. 183

VENDOR INFORMATION

Company Name: _____

Contact Person: _____

Address: _____

Business #: _____ Cell Phone # _____

Type of Unit: Tent Cart Table(s) Other _____

Water Source: On Site Bottled

Please specify location where water is obtained/source: _____

• List all equipment used including fryers, grills, etc.: _____

• List food items to be sold: _____

• Date & Place Food Purchased: _____

• How is product being stored before & during event? _____

• Where is product being stored? _____

• What are your hand washing facilities (water, wipes, sanitizer, etc.)? Please specify: _____

• How are utensils & equipment being cleaned and sanitized? _____

⇒ All water holding tanks **MUST** be empty upon arrival at site.

⇒ Tanks may be filled at an approved location within the Borough of Netcong.

A COPY OF THE CERTIFICATE OF INSURANCE FROM VENDORS MUST NAME THE BOROUGH OF NETCONG AND NETCONG COMMUNITY PARTNERSHIP AS ADDITIONAL INSURED AND MUST BE SUBMITTED WITH THIS APPLICATION.

Date _____ Applicant's Signature _____ Print name _____

For Office Use: Contacted Fire Marshall: