

Vendor Form

Please Print Neatly



Contact Person: _____

Cell Phone: _____

Address: _____

E-Mail (required): _____

RULES/POLICIES

(VIOLATIONS WILL RESULT IN IMMEDIATE ELIMINATION FROM THE EVENT WITHOUT REFUND)

1. VENDORS ARE ONLY ALLOWED TO SELL APPROVED ITEMS. FOOD VENDORS MUST INCORPORATE SOME TYPE OF PORK PRODUCT INTO THEIR MENU.
2. THE EVENT COMMITTEE RESERVES THE RIGHT TO LIMIT ITEMS BEING SOLD
3. VENDORS MUST COMMIT TO THE FULL DURATION OF THE FESTIVAL
4. VENDORS MUST PROVIDE THEIR OWN TABLES, TENTS & CHAIRS
5. DUE TO THE ANTICIPATED LARGE CROWD. VENDORS MUST BE IN PLACE, AND CAR MOVED TO A DESIGNATED SPOT BY 10:00 AM FOR SAFETY REASONS. A LIST OF APPROVED PARKING WILL BE PROVIDED.

SATURDAY, OCTOBER 16, 2021, 11-5 PM

SHAPPELL PARK, 353 S. MAIN STREET, PHILLIPSBURG, NJ 08865

DESCRIPTION OF ALL ITEMS TO BE SOLD (or a business to be promoted):

FEES: _____ **\$275** For-Profit Food Vendor (10X20)

_____ \$100 All Other Vendors (10x10)

Please make checks payable to:
**Phillipsburg Downtown
Association**

SIGNATURE

DATE

Questions? Contact:

Dottie Kays, info@porkrollpalooza.org

Return form & payment to:
PHILLIPSBURG DOWNTOWN ASSOCIATION

P.O. BOX 5121

PHILLIPSBURG, NJ 08865

DEADLINE: THUR, SEPT. 30TH

PORK ROLL PALOOZA



Vendor Liability Agreement

_____ (the Vendor) wish to participate as a vendor or associate in the Phillipsburg Pork Roll Palooza. I agree to accept all liability and responsibility for any personal injury, property damage, loss, theft, or any other harm suffered by myself or others arising from or otherwise incident to my participation in the Event.

_____ (the Vendor) shall indemnify and hold the Town of Phillipsburg, and their officials, directors, employees and agents, Phillipsburg Downtown Association, and the Pork Roll Palooza Committee, harmless against all suits, claims, demands, and losses including costs, expenses, and attorney's fees incurred as a result of any act or omission, neglect or misconduct of the Vendor during the Event.

By signing this Agreement, the Vendor/Participant hereby requests the Event Committee to reserve vendor space at the Event and affirms it has read, understands, and agrees to all terms and provisions of this Agreement.

Please return to The Phillipsburg Downtown Association your:

- Vendor Form and signed Vendor Liability Agreement
- Check payment to reserve your spot
- Current Certificate of Insurance (minimum limits required \$500,000). Certificate ***must*** name Phillipsburg Downtown Association and the Town of Phillipsburg PO. Box 5121 Phillipsburg, NJ 08865 as additional named insureds

Signature: _____

Date: _____

Print Name: _____