

STAFFORD TWP. FALL HARVEST WINE FESTIVAL

At Manahawkin Lake Park

Route 9 No. & Lakeshore Drive, Manahawkin, NJ 08050

Two days - Sat. & Sun., Oct. 18 & 19

12 Noon to 5 pm ~ Rain or Shine

Set up: 9 - 11 am Breakdown: 5 - 6 pm

Commercial Vendor Fee: \$350.00 (10' x 10' space)

PLEASE PRINT

Name: _____

Business Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Cell: _____

Email: _____ Day of event phone number: _____

List **all** items to be sold or promoted: _____

Vendor must supply own tent, tables, chairs and signage.

New Jersey Sales Tax Number (if applicable): _____

(Please enclose a copy of your sales tax certificate.)

Enclosed is my check for \$_____ or charge my Visa MasterCard Amex

Card No. _____ Exp. Date _____ Sec. Code _____

Signature _____

I agree to be **open during all hours** of the event and to **offer for sale only the items listed above**. I will keep my area neat and clean during the event and will make sure it is clean when I leave. I understand that **all decisions made by Allen Consulting and/or the organizing committee are final, there are no refunds** and that failure to abide by the above rules could terminate my relationship with Allen Consulting and any future involvement in events they organize. Checks returned for insufficient funds will pay an additional \$35 bank charge.

All Vendors are **REQUIRED** to submit the enclosed Vendor Hold Harmless/Insurance Agreement and a Certificate of Insurance (if business is covered) for all participating events.

Signature: _____ Date: _____

Mail completed application and check or money order **payable to:**

Allen Consulting, Inc.
89 Middletown Road
Holmdel, NJ 07733
Phone: 732-946-2711 Fax: 732-946-8032
Email: sylvia@allenconsulting.com

FALL HARVEST WINE FESTIVAL

Vendor Hold Harmless/Insurance Agreement 2013

The Vendor agrees to maintain in full force a policy of comprehensive general liability insurance under which Stafford Township and Allen Consulting, Inc., are named as additional insured, and under which the insurer agrees to indemnify and hold Stafford Township and Allen Consulting, Inc harmless from and against all costs, expense, including reasonable attorney's fees, and/or liability arising out of or based upon any and all claims, accidents, injuries and damages arising out of the Vendor's negligent or improper acts in the operation at the above mentioned event(s).

The Vendor also agrees to indemnify and save harmless Stafford Township and Allen Consulting, Inc. from and against all claims of whatever nature arising from, or claimed to have arisen from, any action, omission or negligence of the Vendor, or arising from any accident, injury or damage whatsoever caused to any person or property arising out of the Vendor's negligent or improper acts in the operation at the following listed events. The Vendor agrees to name Stafford Township and Allen Consulting, Inc. as additional insured, and to provide a valid certificate of insurance with a liability limit of at least \$1,000,000 per occurrence.

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

Print Organization/Vendor Business Name:

Event(s)

Event Date(s)

Print Officer/Vendor Name

Officer/Vendor Signature

Print Witness Name

Witness Signature

Date of Agreement:_____

CERTIFICATE HOLDERS MUST INCLUDE NUMBERS 1 & 2 BELOW. ALL agencies may appear as additional insured on one certificate of insurance. You do not need separate certificates of insurance naming each agency as an additional insured. Mail to Allen Consulting, not Stafford Township.

1. Township of Stafford, 260 East Bay Ave, Manahawkin, NJ 08050
2. Allen Consulting Inc., 89 Middletown Road, Holmdel, NJ 07733

Please Mail Insurance Certificate, Application, Payment
& Hold Harmless/Insurance Agreement to:

Allen Consulting, Inc. • 89 Middletown Road • Holmdel, NJ • 07733

Phone 732-946-2711 • Fax 732-946-8032 • Email susan@allenconsulting.com