

Haddon Heights Fall Festival

Saturday, October 6, 2018

10:00 AM to 4:00 PM

Rain Date: Sunday, October 7

Food & Beverage Vendor Application - GUIDELINES:

- Cost of Standard F&B rental space is \$100 for a 10 x 10 space, or \$150 for a 20 x 10 space. Vendors using open flames MUST complete the required Fire Department form (\$42 fee) – Click here. (Cost of Non-Profit F&B rental space is \$25, along with the required Fire Department form. Enter “Y” next to Non-Profit below and \$25 next to “Total”). HHBPA members are entitled to one (1) FREE space.
- Vendor MUST have a Camden County Consumer Health Services Special Event Approval Letter dated no later than five days before any scheduled event. Click here to download a Temporary Event application or call 856.374.6052 for assistance. (Annual cost is \$75 paid to Camden County Department of Health, DiPiero Center, 512 Lakeland Road, Suite 301, Blackwood, NJ 08012.
- No alcohol, tobacco, or drug paraphernalia may be sold, displayed or advertised.
- Set-up NO LATER than 8:00 AM; Break-down NO EARLIER than 4:00 PM.
- Set-up in the street at curbside.
- F&B Vendors are responsible for providing their own TABLES, CHAIRS and POWER.**
- Canopy/tent is required (**we do not provide**), and MUST BE WEIGHTED DOWN.
- Application deadline: Friday, SEP 21. Spaces may be available up to SEP 28.**

Contact Brett Harrison at (856) 310-0827 or by e-mail at:

info@haddonheights.com to confirm space availability, or if you have questions.

Payment Options:

1. Send your application and **check payable to HHBPA, P.O. Box 5, Haddon Heights, NJ 08035** or deliver to the Village Cheese Shop, 516 Station Avenue. Space confirmation and directions will be sent via email unless you include a Self-Addressed Stamped Envelope with your application.
2. Download application and mail in a physical copy. Mention payment on application via PayPal at www.haddonheights.biz. Payments will not be accepted without a physical application.

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\$ Amount: _____ **Check #:** _____ **PayPal:** _____

BUSINESS: _____

NAME(S): _____

ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

PHONE: _____ **CELL:** _____

EMAIL: _____

F&B ITEMS: _____

NON-PROFIT (Y/N):	# SPOTS:	\$25 NP (X)	\$100 - 10x10 (X)	\$150 - 20x10 (X)	Total \$
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NOTES: _____

SIGNATURE: X _____