



Wall Recreation Department

2700 Allaire Rd-Wall-NJ-07719
732-449-8444 ext 251 www.wallnj.com

WALL FAIR 2012 VENDOR APPLICATION

Event Date: Thursday June 28-Sunday July 1

Rain Date: Tuesday July 3 *Fireworks Only*

Business Name: _____ Contact Name: _____

Address: _____

Day Phone #: _____ Evening Phone #: _____

Fax #: _____ Email: _____

Number of spaces you are reserving (*please circle*): 1 2 3 4

Space Size-10x10 (Craft Vendors) 20x30 (Food Vendors)

Please describe the items you are proposing to sell and the price of each item:

- | | |
|-----------------|-----------------|
| 1. Item: _____ | Price: \$ _____ |
| 2. Item: _____ | Price: \$ _____ |
| 3. Item: _____ | Price: \$ _____ |
| 4. Item: _____ | Price: \$ _____ |
| 5. Item: _____ | Price: \$ _____ |
| 6. Item: _____ | Price: \$ _____ |
| 7. Item: _____ | Price: \$ _____ |
| 8. Item: _____ | Price: \$ _____ |
| 9. Item: _____ | Price: \$ _____ |
| 10. Item: _____ | Price: \$ _____ |

Please provide a brief description of your display: _____

FEES: Includes all four days.

Non-Profit Organizations-FREE

Craft Vendors-\$75

All Others-\$250.00

Restrictions: All beverages must be sold in recyclable cups.

Township Disclaimer: The Recreation Accident Insurance Policy maintained by the Township is secondary in coverage. Any and all claims must first be submitted to the claimant's Primary Insurance Carrier. Wall Township is not responsible for any lost or stolen property.

Vendor Disclaimer: The applicant certifies that they have read the Wall Fair Policies and hereby agree to abide by the rules set forth and holds harmless the Township of Wall and its employees. I have provided a copy of my Certificate of Insurance. I certify that all information contained in this application is accurate and complete.

Vendors Signature

Please PRINT full name

Date

CHECK# _____ CASH _____ RECEIPT # _____ RECEIVED BY _____