



2010 Stratford Fall Festival

October 2, 2010

www.STRATFORDFALLFESTIVAL.com

VENDOR APPLICATION

Crafters/Businesses • Non Profit Organizations • Food Vendors

Sponsored by THE STRATFORD ECONOMIC DEVELOPMENT COMMITTEE (SEDC)

In conjunction with THE STRATFORD BUSINESS AND CIVIC ASSOCIATION (SBCA)

Saturday, October 2, 2010

10:00 AM – 4:00 PM

Rain Date: Sunday, October 3, 2010

Yellin School

(At the intersection of Warwick Road and Vassar Aves)

Pertinent Information

Space provided will be 10 x 15 (1 parking space)
RAIN OR SHINE ~ NO REFUNDS AFTER 9/1/09
Bring your own tables ~ Set-up starts at 7:30 AM
All organizations must be checked in by 9:00 AM
Festival is over at 4:00 PM - NO LEAVING EARLY!
You may only sell new items and only
the items listed on your application!
This will be checked the day of the festival!

Don't forget protection from the weather – sun or rain!!

*For More Information Contact:
Kathy Crane at 856-435-2667
info@shopstratfordnj.com*

Advertising:

Program Ad Brochure delivered to all Stratford residents
Large signs on all major Stratford roads
Banner across Warwick Road
Cable TV ~ Flyers in local schools
Highway directional signs
Internet ~ Newspapers

Detach form below and mail with your check to:

SBCA
40 Berlin Avenue
Stratford, NJ 08084

Make Checks Payable to SBCA and
indicate Fall Festival in the Memo Line

Confirmation letter and directions will be emailed to you. Please
provide a self-addressed, stamped envelope
if you prefer U.S. mail.

Please Print Important Contact Information Legibly - CUT OFF DATE IS 9-1-10

Name or Organization: _____

Were you a participant in 2009? _____ YES _____ NO If yes, you do not need to fill out police form.

CRAFT VENDOR/BUSINESS \$40.00 NON PROFIT ORGANIZATIONS* 1 Free Space FOOD VENDOR** \$75.00

**Food vendors: Please go to www.shopstratfordnj.com for additional permit forms.

*Non Profit Organizations must supply ID# to be eligible for the free space ID# _____

Address: _____

City, State, Zip: _____

Contact Person/Phone #: _____

E-mail Address: _____

Description of Items: _____

NOTES: _____

Enclosed is my check for _____ spaces at _____ per space for a total of \$ _____

Make check payable to **SBCA**

OFFICE USE ONLY: PAID _____ RECEIVED _____ CONFIRMATION LETTER _____

All vendors must fill out and sign the Hold Harmless clause on the back of this sheet.
(Organizations and registered businesses do not need to fill out the police form)

INDEMNITY CLAUSE HOLD HARMLESS AGREEMENT

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To the fullest extent permitted by law, (_____) agrees to
Name of Merchant

Defend, pay on behalf of the Borough of Stratford, the Stratford Business and Civic Association, its elected and appointed officials, its agents, employees and volunteers and others working on behalf of the Borough of Stratford and the Stratford Business and Civic Association against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the Borough of Stratford, the Stratford Business and Civic Association, its elected and appointed officials, its agents, employees, volunteers or others working on behalf of the Borough of Stratford and the Stratford Business and Civic Association, by reason of personal injury, including bodily injury or death and /or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with the use of the property at the Yellin School during the Annual Fall Festival to be held on Saturday, October 4, 2032 (Rain Date: Sunday, October 5, 2032).

DATE: _____

BY:

(Signature of Merchant)

Name of Merchant (Print)

Address

City, State, and Zip Code

Phone

**Stratford Police Department
315 Union Avenue
Stratford, NJ 08084**

**Stratford Police Department
One Day Vendor Application Packet**

Vendor applications are due within 21 days of the event. Applications may be submitted in person the above address. Alternatively, the documents may be faxed directly to the Stratford Police Detective Bureau @ 856-782-7046 attention Detective Beasley.

To expedite the process, please be sure to answer all questions, if an answer does not apply simply indicate so. Any questions can be directed to:

Detective Scott Beasley
Office: 856-783-8621
Facsimile: 856-782-7046
Email: SBeasley@StratfordPD.org

IF YOU ARE A VENDOR WHO APPLIED AND WAS APPROVED DURING THE YEAR 2009, SIMPLY CHECK THE RENEWAL BOX BELOW, FILL IN YOUR VENDOR NAME AND SUBMIT THIS PAGE ONLY. NO ADDITIONAL INFORMATION IS REQUIRED FOR RENEWALS

2009 RENEWAL _____
Applicant or Business Name (same as 2009 application)

RENEWAL APPLICANT NAME, BUSINESS OR TRADING NAME

2) _____
 Street Address City State Zip
 Dates of Residence _____ to _____

3) _____
 Street Address City State Zip
 Dates of Residence _____ to _____

Last two states of places of employment:

1) _____
 Name of employer City State Zip
 Dates of employment _____ to _____

2) _____
 Name of employer City State Zip
 Dates of employment _____ to _____

REFERENCES

List three (3) reputable references. Do not include relatives.

NAME	ADDRESS	PHONE NO.
1.		
2.		
3.		

By virtue of my signature below, I understand and acknowledge that the purpose of this application is only to determine the suitability to sell goods within the Borough of Stratford for a *One Day Event*. And in addition to this *One Day Vendor License*, all other required Board of Health Licenses and or permits must still be received by the County of Camden. In addition, I understand that the applicant and subsequent *One Day Vendor License* will be issued to an individual and is non-transferable. The holder of the *One Day Vendor License* must present valid photo identification to a representative of the Borough of Stratford on the day of the event. *All One Day Vendor Licenses* may be revoked by the Stratford Police Department for any just caused as determined solely by the Stratford Police Department.

According to N.J.S.A. 2C:28-3, 2C:28-4 it is a crime of the fourth (4th) degree to knowingly make a written false statement to a police officer. Said crime is punishable by up to 18 months in prison and fines not exceeding \$7500.00. Under penalty of law, I swear the foregoing statement is true and correct to the best of my knowledge.

Signature _____ Date: / /
