

**UPPER TOWNSHIP
FALL FEST & PUMPKIN RUN CAR SHOW**

Amanda's Field

November 4, 2017 (Rain Date - November 5, 2017)

VENDOR REGISTRATION

Registration Fees: **Food Vendors - \$50.00 per 15x10 space**
Non Food Vendors - \$15.00 per 15x10 space

All fees are non-refundable as they are used to promote the event.
Event will be held from 8:00 am to 4:00 pm at Amanda's Field, 10 Sunset Drive, Petersburg, NJ 08270.
Vendors can begin setting up on November 4th at 5:00 am. Break down shall be complete by 7:00 pm.
Vendors must provide their own equipment i.e.: canopies/tents, tables, chairs, etc.
Electricity and running water **will not** be provided.
Vendors are responsible for leaving their assigned space in the same condition as they found it.

Please make check payable to the Township of Upper
Send check and registration form to:
Township of Upper
PO Box 205
Tuckahoe, NJ 08250

Registration must be postmarked by October 14, 2017

Company: _____

Contact Person: _____

Address: _____

Phone: _____ **Email:** _____

Description of items to sell: _____

Number of Spaces Requested: _____ **Total Amount submitted:** _____

I, _____ of _____, jointly, severally and in the alternative,
Print Contact Name *Print Company Name if applicable*

(hereinafter referred to as "VENDOR") hereby agree to indemnify and hold harmless the TOWNSHIP OF UPPER, 2100 Tuckahoe Road, Petersburg, NJ 08270, and/or the Atlantic County Municipal Joint Insurance Fund, or any insurance carrier, or self-insurance fund designated by the TOWNSHIP OF UPPER and their agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees in case it shall be necessary to file an action, arising out of the VENDOR'S participation at the "Upper Township Fall Fest and Pumpkin Run Car Show" to be held at Amanda's Field on November 4, 2017 (rain date November 5, 2017), which is for bodily injury, illness or death, or for property damage, including loss of use of property, and caused in whole or in part by VENDOR'S negligent act or omission or that of any agent or that of anyone employed by them or for whose act VENDOR may be liable. This Indemnity and Hold Harmless Agreement shall apply in all instances whether the TOWNSHIP OF UPPER is made a direct party to the initial action or claim or is subsequently made a party to the action by third party in-pleading or is made a party to a collateral action arising, in whole or in part, from any of the issues emanating from the original cause of action or claim.

Signature: _____ Date: _____

**Please provide a Certificate of Insurance per the attached guidelines. Please be advised, although a Certificate of Insurance is requested, it is not required.*
***All Food Vendors must complete and submit the attached Temporary Food Vendor Application to the Cape May County Department of Health, and shall follow the attached "Guidelines for Compliance with Chapter 24, Subchapter 8 Temporary Retail Food Establishments" as established by the Cape May County Department of Health.*

For Township Use Only:
Date Received: _____ Total Received: _____ Check No.: _____ Food: _____ Non Food: _____

Certificate of Insurance Guidelines

VENDORS that currently have insurance in place are requested to submit a Certificate of Insurance which names the **TOWNSHIP OF UPPER** as “Additional Insured” with the following language:

“Township of Upper, including all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and their board members, employees and volunteers.”