



Jersey Shore Wine Festival 2019
 At BlueClaws Stadium/FirstEnergy Park
 Cedar Bridge Ave, Lakewood, New Jersey 08701
 Two days - Sat. & Sun., June 1 & 2
 12 Noon to 5 pm ~ Rain or Shine
 Set up: 9 - 11 am Breakdown: 5 - 6 pm
Stay up-to-date with the festival on Facebook:
Jersey Shore Wine Festival

Net proceeds go to



**FOOD VENDOR FEE: \$19.50 per linear foot
 + \$100 security deposit**

PLEASE PRINT

Name: _____ Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____ Size Space: _____

Your Social Media [Website/FB/Twitter/Instagram]: _____

List **all** items to be sold (NO beverages will allowed) _____

Cooking: Yes ___ No ___ If Yes, Lakewood Township Fire Permit Required

Food Vendor must display menu with prices. There is no electricity available. If you bring a generator, it must be the silent type and you must have a fire extinguisher. Please abide by the attached OC Board of Health regulations and submit a copy of your Commissary Sanitary Inspection Report.

(Please issue 2 checks. Security deposit check will be held and returned after satisfactory inspection at close of event.)

Enclosed are 2 checks totaling \$ _____ or charge my Visa MasterCard Amex

Card No. _____ Exp. Date _____ 3 or 4 digit Security 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, events are rain or shine, 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. **NO REFUNDS.**

All Food Vendors are **REQUIRED** to submit the enclosed Vendor Hold Harmless/Insurance Agreement, a Certificate of Insurance, a copy of NJ Sales Tax Certificate, and a Commissary Sanitary Inspection Report.

Signature: _____ Date: _____

Mail Completed Vendor Application, Hold Harmless Agreement, Insurance Certificate, NJ Sales Tax Certificate, Commissary Sanitary Inspection Report and Check or Money Order **payable to:**

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

Vendor Hold Harmless/Insurance Agreement 2019

The Vendor agrees to maintain in full force a policy of comprehensive general liability insurance under which the Lakewood BlueClaws, American Baseball Company, LLC, Food Court America, Township of Lakewood, and Allen Consulting, Inc., are named as additional insured, and under which the insurer agrees to indemnify and hold Lakewood BlueClaws, American Baseball Company, LLC, Food Court America, Township of Lakewood, 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 the Lakewood BlueClaws, American Baseball Company, LLC, Food Court America, Township of Lakewood, 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 the Lakewood BlueClaws, American Baseball Company, LLC, Food Court America, Township of Lakewood, 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 # 1-5 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 the Lakewood BlueClaws.

1. The Lakewood BlueClaws, 89 Cedar Bridge Avenue, Lakewood, NJ 08701
2. American Baseball Company, LLC
3. Food Court America
4. Township of Lakewood
5. Allen Consulting Inc., 89 Middletown Road, Holmdel, NJ 07733

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