



*The Township of Hillside Presents*  
**PRAISE IN THE PARK & HILLSIDE OUTDOOR MUSIC EXPLOSION**  
**Aug 1<sup>st</sup> - 2pm-6pm & Aug 2<sup>nd</sup> - 12pm-10pm**  
**274 Hillside Avenue, Hillside, NJ 07205**

### VENDOR APPLICATION

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Website: \_\_\_\_\_

Type of Product or Service: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

### VENDOR OPERATIONS & LOGISTICS

- A reserved space to sell products or offer services (vendor is responsible for supplying tables and all other selling supplies)
- Vendor hours:
  - Saturday Aug 1<sup>st</sup>: 2:00pm – 6:00 pm
  - Sunday Aug 2<sup>nd</sup>: 12:00pm – 10:00pm
- Mandatory set-up times:
  - Saturday Aug 1<sup>st</sup>: 7:30am – 11:30am
  - Sunday Aug 2<sup>nd</sup>: 6:00am – 9:00am \*All vehicles must exit the park no later than 10:00am.\*
- Mandatory breakdown times:
  - Saturday Aug 1<sup>st</sup>: 6pm
  - Sunday Aug 2<sup>nd</sup>: 9:30pm
- Vehicles are only allowed into the park after breakdown begins.

### VENDOR GUIDELINES

1. Vendor is responsible for supplying all tables, tents, chairs, and display materials.
2. All vendor areas must remain clean and free from debris at all times.
3. Applications and payment must be submitted prior to approval deadlines.
4. Vendor form must be submitted in advance and approved before payment is submitted.
5. Permits are non-transferable and non-refundable.
6. Permits may be revoked for violations of Township of Hillside regulations.
7. Vendor agrees to comply with all local, state, and federal requirements.



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**AFFIDAVIT**

State of New Jersey  
County of Union  
Twp of Hillside

\_\_\_\_\_ Being duly sworn, deposes and says that he/she is the individual making the foregoing application for a temporary event license and that the answers to the questions contained therein are true. I, the undersigned vendor, acknowledge and agree that I am solely responsible for the preparation, handling, storage, and service of all food and beverages provided at the event.

I further affirm that all food items will be prepared and served in compliance with all applicable local, state, and federal health and safety regulations.

The Township, its officials, employees, agents, and representatives shall not be held liable or responsible for any illness, injury, or damage arising from the consumption of food or beverages provided by my vendor operation, including but not limited to cases of foodborne illness, contamination, or improper handling.

I further acknowledge and agree that the Township, its officials, employees, agents, and representatives shall not be responsible or liable for any loss, theft, or damage to any vehicles, equipment, machinery, supplies, or food products brought onto the premises or left therein by the vendor at any time before, during, or after the event.

I agree to assume full liability for any claims, damages, or legal actions resulting from the consumption of food or beverages supplied by my business, as well as for any loss or damage to my property, and to indemnify and hold harmless the Township from any such claims.

By signing below, I certify that I understand and accept full responsibility for my operations and any related risks.

Vendor Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ month, 20\_\_\_\_

Notary Signature: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_



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**VENDOR FEES, SET UP AND BREAKDOWN TIMES**

**SATURDAY, AUGUST 1<sup>ST</sup> ONLY:**      **SETUP: 7:30am – 11:30 am**      **BREAKDOWN 6:00pm**  
10 x 10 - \$75.00    Each additional 5ft will cost \$50.00

**SUNDAY, AUGUST 2<sup>ND</sup> ONLY:**      **SETUP: 6:00am – 9:00 am**      **BREAKDOWN 9:30pm**  
10 x 10 - \$150.00    Each additional 5ft will cost \$50.00

**BOTH DAYS:**      **SETUP AND BREAKDOWN AS SHOWN ABOVE**  
10 x 10 - \$225.00    Each additional 5ft will cost \$50.00

**TEMPORARY EVENT FEES (Health Dept. Fee)**

For Profit Entities: \$30.00 PER DAY

Nonprofit Entities: NO FEE



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**PAYMENT INFORMATION**

**MAKE CHECKS AND MONEY ORDERS PAYABLE TO: TOWNSHIP OF HILLSIDE**

I understand that if the permit is granted, I must comply with all applicable requirements of the Hillside Board of Health and the State of New Jersey, and that this application must be received no later than 10 (TEN) business days prior to the event.

Nonprofit EIN: \_\_\_\_\_ Date EIN was received: \_\_\_\_\_

PAYMENT:     CASH         CHECK         MONEY ORDER

AMOUNT \$ \_\_\_\_\_

CHECK / MONEY ORDER # \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

LICENSE # \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

INSPECTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF INSPECTOR \_\_\_\_\_

**NO REFUND POLICY**

(FOR OFFICE USE ONLY) APPROVED: YES: \_\_\_\_\_ NO: \_\_\_\_\_ DATE: \_\_\_\_\_

PAYMENT METHOD: CHECK / MONEY ORDER #: \_\_\_\_\_

CASHIERS CHECK:

INITIALS: