



**RETURN THIS APPLICATION JULIE BLACK  
P.O. BOX 214-WOB, WEST ORANGE, NJ 07052 or INFO@OSPAC.ORG**

## **VENDOR/PRACTITIONER APPLICATION**

The application attached is for participation as a vendor or practitioner at the Summer 2019 **HOUSE HEAD SUMMER FESTIVAL – Tribute Club Zanzibar**.

This event is held on **Saturday, August 10, 2019. LOAD IN MUST BE COMPLETED BY 11:00 AM. The event begins at 12:00 PM and ends at 9:00 PM. VENDORS MAY NOT DRIVE ANY VEHICLES IN OR OUT BETWEEN 11 AM and 9:30 PM. Contact David Peart for more information: 973-380-9155.**

Vendors will be chosen by type and order of application for each event. Vendors will receive a 10x10 ft (NEGOTIABLE FOR FOOD TRUCKS ONLY) space out of doors. Location will be determined by electrical needs and type.

Vendors must provide their own tent. All vendors are responsible for the ongoing appearance of their booth - no clutter or trash - and for thoroughly cleaning up their space at the end of the event. All vendor tables **MUST** be covered to the ground with NEAT, attractive cloths. Excess merchandise, storage bins and carts, and personal belongings must be out of public view or stored in your vehicle. Tables must have a cover and tents and chairs must be in good condition.

Sales tax is 6.625%. All vendors are responsible for all sales taxes related to the sale of products and are responsible for all State and Federal Income tax obligations. It is the responsibility of each vendor to display its NJ tax ID.

Individual vendors/sellers are responsible for collection and reporting their own NJ state sales tax. **Sale and % off signs are prohibited.**

Vendors must fit into the event theme of the event. Vendors are required to load in by hand truck from curbside. No vehicles will be allowed on the property, except food and vending trucks. Vendors must be fully loaded in one hour prior to gate opening (11:00 AM) and must be fully set up by gate opening. Vendors may not leave the property before gate closing and may not pack up until event is concluded. Vendors may not store or leave property on OSPAC grounds.

**FOOD VENDORS - fee is \$125.00.** A non-refundable fee to reserve your space is due at time of contract submission. **You MUST also complete and submit the West Orange Health Department ITINERANT MOBILE FOOD ESTABLISHMENT – FOOD TRUCK APPLICATION for OSPAC/HHSF to submit to the Health Department. (See page 3)**

**NON-FOOD VENDORS – fee \$100.00.** A non-refundable fee to reserve your space is due at time of contract submission.

**APPLICATION:** Use the electronic application on the HHSF website for expediency (preferred). Any other required forms must be submitted as stated. Or use the **printed application** below. Applications received within one week prior to the event must be paid by credit card (form on last page); or with cash on the day of, prior to load-in. Vendor fee is payable by cash, credit card, check or money order. Payments are made out to: **Black Star Entertainment Group.**



**VENDOR APPLICATION**

**COMPLETE BELOW AND SUBMIT TO:**

**JULIE BLACK**

**P.O. BOX 214-WOB, WEST ORANGE, NJ 07052 or INFO@OSPAC.ORG**

NAME OF APPLICANT \_\_\_\_\_

NAME OF COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ *Circle which is best number to reach you.*

EMAIL ADDRESS \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

TYPE OF VENDOR – FOOD, RETAIL, SERVICE, PRACTITIONER (circle one)

**Describe your service or product:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe the range of cost of your product or service:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Attach copies of certifications/licenses:** Food vendors must attach their food handling license, business must attach state business license, practitioners must attach practitioner's license, tax-exempt their tax-exempt certification.

**You must include one photo of your booth and/or set up.** Photos will not be returned.

Will you be providing demonstrations for the public? \_\_\_\_\_



## ADDITIONAL INFORMATION

**\*All food vendors MUST complete and return to OSPAC/HHSF, the [Mobile Itinerant Food Establishment Health Department Application](#). This form must be submitted by OSPAC/HHSF to the West Orange Health Department prior to the event.**

All exhibits and products to be displayed and sold at this show must be considered **family friendly**.

**No music or sound effects** will be permitted at any booth. We will not accept vendors with loud machinery. Individual radio or CD equipment is not allowed.

Cash and credit card payments are encouraged. Checks or money orders are payable to **Black Star Entertainment Group**. Bounced checks will incur a \$35 processing fee.

### CREDIT CARD AUTHORIZATION

I, \_\_\_\_\_ authorize **Black Star Entertainment Group (BSEG)** to charge my credit card as indicated below, for the required vendor fee. I understand that my information will be used solely for securing my place to vend.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____	
Card Number: _____	Security Code (CVV) _____
Expiration Date (mm/yy): _____	
Cardholder ZIP Code (from credit card billing address): _____	

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date

For Office Use Only:			
Received by _____	Date _____	Reviewed by _____	Date _____
Photos received? YES / NO	Recommended for inclusion? YES / NO	Itinerant Food App received? YES / NO	
Other Comments:			
Paid on    /    /	Check # _____		