



2021 Farmer's Market Vendor Application
June 23rd – August 25th
4 – 8 PM
Monument Row - Main Street between 12th and 13th Avenues

Business Name: _____

Contact Name: _____

Address: _____

Primary Phone: _____

Email: _____

Description of Product: _____

Please mark the dates you will be attending:

	June 23		July 28
	June 30		August 4
	July 7		August 11
	July 14		August 18
	July 21		August 25

Please read the information below:

The Borough of Belmar will review your application and will let you know if you are approved as a vendor. If approved, vendor must email/mail a copy of their Certificate of Liability insurance along with payment on or before June 17, 2021. Vendors can begin setup at 3 pm. Market is open rain or shine. Fees are nonrefundable. Each vendor is allocated one 10x10 space. Price per a 10x10 space is \$25.00. Checks shall be made payable to the Borough of Belmar and mailed or dropped off to 601 Main Street, Belmar, NJ 07719.

- Vendors agree to break down all cardboard and discard properly.
- Vendor agrees to have their market set up throughout the market day, even if sold out of product.

- Vendor agrees to drop off products at their location and remove their vehicle(s) by no later than 3:30 pm.
- All vendor products must have price signs/tags for each product and be visible to the customer.
- Vendor agrees it is their responsibility to contact and adhere to Monmouth County Health Department regulations and proof of any licenses/permits required must be submitted to the Borough upon submission of payment.
- If cooking on premises a fire permit must be obtained from the Borough of Belmar Fire Marshal's Office.
- Vendors agree to comply with all applicable Local, State and Federal laws.
- Vendors agree to adhere to set-up and breakdown times.
- Vendors agree to leave their space in the same condition in which they found it.

I have read the agreement provided and I agree to the terms.

Authorized Signature _____

Print Name/Title _____

Date _____



Office Use Only

Date Received: _____

Approved

Denied

Amount of Payment Collected: _____

Date of Payment: _____

(Circle one) Cash Check Credit Card