

**2019 WILDWOOD CREST SEAFARERS WEEKEND CELEBRATION FOOD VENDOR APPLICATION**

**SATURDAY, SEPT. 21**      **New Jersey Ave. (Rambler to Miami Rds.) at Sunset Lake**      Show: 9 a.m. to 5 p.m.

Cost Per Space – Food Vendor: \$250      **FOOD VENDOR DEADLINE: Sept. 13, 2019**

**\*\* PLEASE NOTE OUR NEW CRAFT SHOW HOTLINE NUMBER OF 609-523-0202 \*\***

**NO APPLICATIONS ACCEPTED AFTER DEADLINE!!! Vendors must provide own power sources as electric may not be available. Please provide QUIET generator. Water hook-ups are NOT available.**

**SETUP TIME: ALL FOOD VENDORS MUST BE ON SITE BY 8:30 AM. THOSE ARRIVING AFTER 8:30 AM WILL BE PROHIBITED FROM TAKING PART IN THE SHOW. NO EXCEPTIONS! NO REFUNDS!!!**

**REQUIREMENTS:**

- **NEW FOR 2019!!! All food vendors will be REQUIRED to submit proof of insurance with the Borough of Wildwood Crest endorsed as an additional insured party, with liability coverage of at least \$1 million. Proof of this insurance must be submitted at time of payment (do NOT send separately) and must include the insurance form and the endorsement.**
- **All food vendors MUST be in compliance with all Cape May County Department of Health regulations and must fill out and submit a Food Vendor Inspection form. Call 609-465-1209 for information.**
- **Breakdown MAY BEGIN at 5 p.m. (EARLY BREAKDOWNS ARE NOT PERMITTED)**
- **All equipment/products must be completely cleared from area by 6 p.m. NO EXCEPTIONS!!!**
- **Post-dated checks will not be accepted. Make all checks payable to the Borough of Wildwood Crest.**
- **Checks received after deadline will be returned.**
- **All food vendors will be required to pay the fire inspection fee of \$54. Vendors should bring check made payable to Wildwood Crest Fire Prevention or cash. Check or cash should be given to fire inspector at the show site. Recreation personnel are not responsible.\*\*\*\*\***

Retain this top portion for your records. **Return completed portion of the application with photos and payment to: Borough of Wildwood Crest, 6101 Pacific Avenue, Wildwood Crest, NJ, 08260, Attn: Frank Basile**

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

**NO REFUND OR CREDIT FOR SHOWS CANCELLED BY INCLEMENT WEATHER.**

**QUESTIONS???** Call 609-523-0202 or send email to wildwoodcrestpier@yahoo.com.

----- PLEASE PRINT CLEARLY AND RETURN BOTTOM PORTION -----

**FOOD**      **PLEASE PRINT!!!!**

**Seafarers Celebration '19**      Planned Menu: \_\_\_\_\_

**Proof of Insurance with the Borough of Wildwood Crest endorsed as an additionally insured party MUST be included with this application or it will NOT be considered!!!**

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number 24 hours prior to show \_\_\_\_\_

E-mail address: \_\_\_\_\_

Comments or Requests (no corner space requests): \_\_\_\_\_

It is understood by the applicant that submission of this application does not constitute automatic acceptance for participation in the craft show. The Borough of Wildwood Crest reserves the exclusive right to reject the applicant. It is the sole discretion of the borough to reject applications that do not comply with the regulations as state herein and applications for which merchandise is deemed to be duplications of merchandise for other approved applications for this show. Complete applications will be considered upon date of receipt. No applications shall be denied participation because of race, creed, color, national origin, sex, physical or mental handicap, ancestry or nationality. The undersigned does discharge, release and hold harmless the Borough of Wildwood Crest, show coordinators and its agents.

**SIGNATURE:** \_\_\_\_\_

(By signing this form, it is understood that the applicant has been made aware that all food vendors must apply for a temporary food vendor inspection license through the Cape May County Department of Health. Please be advised that the Borough of Wildwood Crest is NOT responsible for any action that may be taken by the Cape May County Department of Health. Call 609-465-1209 for info.)

**OFFICIAL USE ONLY**      Check No. \_\_\_\_\_ Cash \_\_\_\_\_ Payment Rec. \_\_\_\_\_ 2019