



# MONMOUTH COUNTY PARK SYSTEM REQUEST FOR EXHIBITORS

**EVENT:** WINTERFEST

**EVENT DATE:** SATURDAY, JANUARY 30, 2016

**EVENT LOCATIONS:** THOMPSON PARK  
805 NEWMAN SPRINGS ROAD, LINCROFT, NJ

**HOURS OF OPERATION:** 1 - 5 PM

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1. **EVENT DESCRIPTION:**

WinterFest is a one-day mini-carnival type event with winter themed activities and entertainment. This was a new event for 2015. Attendance was 1700 people.

2. **EXHIBITORS SOUGHT:**

We are seeking exhibitors, artists and crafters to sell or promote winter themed activities or items. Exhibitor selection will begin on November 1, 2015.

3. **LOCATION & SET UP:**

The park area will not be available the day prior to the event for set up. The park area will be open at 7:00 AM on the day of the event for set-up which must be completed by 1:00 PM. Monmouth County Park System staff will locate vendors on the day of event.

4. **ADDITIONAL INFORMATION:**

- Spaces are 12' x 12'.
- No running water or electricity is available.
- All exhibitors and vendors shall provide their own tables, chairs, set-up materials, tools, backdrops, side drops, and displays as needed.
- All audio devices, players and/or equipment used by an exhibitor or vendor shall be kept at a low enough volume level so as not to disturb or interfere with any adjacent exhibitors or vendors.
- All exhibits, displays and vendor concessions shall remain set up and in full operation for the entire duration of the event.
- Employees of the Monmouth County Park System and their family members are not permitted to engage in any profit-making activity associated with this event.



# MONMOUTH COUNTY PARK SYSTEM SPECIAL EVENT EXHIBITOR CHECKLIST



In order to be eligible for the event, the following items **must be included** in your application envelope. Failure to supply any of these items will result in placement on the waiting list.

- Fully completed and manually signed application with full payment made payable to the Monmouth County Board of Recreation Commissioners.
  
- Completed and manually signed "Certification to Prevent Certain Convicted Sexual Offenders Entrance to Monmouth County Park System Events."
  
- Legible copy of applicant's current driver's license front and back. In addition, if driver's license is not a photo license, you must provide an additional and separate official government issued form of photo identification (such as a passport, County ID, State ID).
  
- Legible copy of the business'/organization's State of New Jersey Sales Tax Certificate of Authority (if applicable).

Application and all required information must be placed in an envelope clearly labeled with **applicant's return address, name of event, ATTN: Beverly Miller**, and marked "**Exhibitor Application.**" Application envelopes **not clearly marked** may not reach the appropriate Park System Representative in time for the lottery drawing. Your envelope must reach us via mail at 805 Newman Springs Road, Lincroft, NJ 07738-1695 or be hand-delivered to Beverly Miller (or designee) at Thompson Park, 805 Newman Springs Road, Lincroft, NJ.



**MONMOUTH COUNTY PARK SYSTEM  
SPECIAL EVENT  
EXHIBITOR APPLICATION**

**\*FOR OFFICE USE ONLY\***

PROG # \_\_\_\_\_

AMOUNT \_\_\_\_\_

PD. IN FULL \_\_\_\_\_

**ALL INFORMATION MUST BE COMPLETED FOR SPACE CONSIDERATION.**

**Applicant is applying for (a separate application must be filled out for each event):**

\* WinterFest, Saturday, January 30, 2016, 1 PM – 5 PM  
Thompson Park

**EXHIBITOR RATE FOR THIS EVENT: \$25**

(Vendor selection begins on 11/1/15)

Applicant's Legal Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

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

Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

Applicant's

Home Address: \_\_\_\_\_

Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

Email Address: \_\_\_\_\_

**VENDOR SPACES**

- All spaces are 12' x 12'.
- No electricity or running water will be supplied.
- All exhibitors and vendors shall provide their own tables, chairs, and set-up materials.

## GOODS AND SERVICES

You **MUST** list **ALL** items you wish to sell or display. You may not be permitted to sell or display items that are not listed. ANY VENDOR WISHING TO SELL ANY TAXABLE ITEMS MUST SUPPLY A COPY OF NJ SALES TAX CERTIFICATE.

**EXHIBITOR - SPECIFIC ITEMS TO BE SOLD:**

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**SPECIFIC ITEMS TO BE DISPLAYED OR OFFERED (NOT FOR SALE):**

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**NOTE:** ALL VENDORS MUST PROVIDE A CERTIFICATE OF LIABILITY INSURANCE IN ACCORDANCE WITH INSURANCE REQUIREMENTS.

**PAYMENTS AND SCHEDULES:** Vendor selection will be made via lottery. No spaces will be assigned unless a completed application packet for space has been received. **Payment is due with the application.** Checks are to be made payable to: MONMOUTH COUNTY BOARD OF RECREATION COMMISSIONERS and sent to said organization at 805 Newman Springs Road, Lincroft, NJ, 07738-1695 along with this signed and dated application. Certificate of Insurance must be received by event management no later than 30 days prior to the event.

**THE UNDERSIGNED HEREBY APPLIES EXHIBITOR VENDING SPACE AT A MONMOUTH COUNTY PARK SYSTEM EVENT AND HAS READ AND FULLY UNDERSTAND THE ENCLOSED PARK SYSTEM RULES AND REGULATIONS AND AGREES TO ACCEPT WITHOUT OBJECTION ALL THE TERMS AND CONDITIONS AS STATED.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>STATE OF NEW JERSEY</b>		<small>DIVISION OF TAXATION TRENTON, N J 08695</small>
<b>Certificate of Authority</b>		
<p>The person, partnership or corporation named below is hereby authorized to collect <b>NEW JERSEY SALES &amp; USE TAX</b></p>		
<p>pursuant to N.J.S.A. 54:32B-1 ET SEQ.</p>		
<p>This authorization is good ONLY for the named person a _____ loc _____ fi _____ herein This authorization is null and void if any chan _____ own _____ o _____ s _____ cted.</p>		<p><i>Robert K. Thompson</i> Director, Division of Taxation</p>
T Registration No. _____		
Tax Effective Date: <b>01-01-93</b>		
Document Locator No. _____		
Date Issued: <b>12-10-03</b>		
<p><small>This Certificate is NOT assignable or transferable It must be conspicuously displayed at above address</small></p>		



# CERTIFICATION TO PREVENT CERTAIN CONVICTED SEXUAL OFFENDERS ENTRANCE TO THE MONMOUTH COUNTY PARK SYSTEM



This certification is to be filled out by the applicant/person entering into contract with the Monmouth County Park System in the capacity as a (check one):

\_\_\_\_\_ vendor/exhibitor    \_\_\_\_\_ sponsor    \_\_\_\_\_ entertainer    \_\_\_\_\_ rides/games    \_\_\_\_\_ demonstrator

The applicant is solely responsible for all that is contained herein.

**Reference is made to Monmouth County Board of Chosen Freeholders Resolution 05-815 Prohibiting Certain Sexual Offenders From Using Monmouth County Facilities Where Children Commonly Gather which is incorporated herewith and made a part of this Certification:**

I, \_\_\_\_\_, of full age, by way of certification in lieu of oath, deposes and says:

1. I am not a person over the age of 18 who has been convicted of any crime against a minor as listed in N.J.S.A. 2C: 7-2, or convicted of a similar crime under the statutes of any other state or nation and who as a result of said conviction is required to register with proper authorities pursuant to N.J.S.A. 2C: 7-1 et seq., or required to register with any other state or national authorities.
2. I will not allow any person over the age of 18 who has been convicted of any crime against a minor as listed in N.J.S.A. 2C: 7-2, or convicted of a similar crime under the statutes of any other state or nation, and who as a result of said conviction is required to register with the proper authorities pursuant to N.J.S.A. 7C: 7-1, et seq., or required to register with any other state or national authorities, to work at the Monmouth County Park System Special Event.
3. I will inform all those over the age of 18 who want to work at the Monmouth County Park System Special Event that anyone who has been convicted of any crime against a minor as listed in N.J.S.A. 2C: 7-2, or convicted of a similar crime under the statutes of any other state or nation, and who as a result of said conviction is required to register with the proper authorities pursuant to N.J.S.A. 2C: 7-1 et seq., or required to register with any other state or national authorities, that the penalty for trespassing onto the physical boundaries of any County Facility shall be punishable by a fine not to exceed \$200 and/or imprisonment for a term not to exceed 90 days pursuant to N.J.S.A. 40: 24-2.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
Legal Name (Please Print)

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

\_\_\_\_\_  
Legal Signature

Note: The above certification refers to certain convicted sex offenders over the age of 18 who are registered as tier 2 or tier 3 offenders under Megan's Law. All persons entering into contract with the Monmouth County Park System must check all potential Monmouth County Fair workers through the New Jersey State Police Megan's Law website at [http://www.state.nj.us/lps/njsp/info/reg\\_sexoffend.html](http://www.state.nj.us/lps/njsp/info/reg_sexoffend.html). For websites in other states, refer to [www.klaaskids.org](http://www.klaaskids.org).

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# MONMOUTH COUNTY PARK SYSTEM VENDOR INSURANCE INSTRUCTIONS



Below are the insurance requirements that affect Special Event exhibitor/crafter permit holders at the Monmouth County Park System. These regulations require your close review and attention.

1. All exhibitors and vendors selected to participate at a Special Event at the Monmouth County Park System must have **Commercial General Liability Insurance** and **Employers' Liability** at limits shown on the sample certificate, in addition to **Statutory Workers Compensation** as required by New Jersey law. Any vendor or exhibitor that permits visitors to have contact with or enter into vehicles (ex. food vendors serving from vehicles) will also be required to show proof of coverage for **Automobile Liability Insurance** for any auto with \$1,000,000 combined single limit for each accident. All such coverage shall be effective for the duration of the event, including set-up, operation, and until such time as the vendor has removed all property from the premises.
2. It is **very important** that the County of Monmouth, the Monmouth County Board of Recreation Commissioners, and their employees and agents are named as additional insured on permit holder's commercial general liability policy by endorsement. Please see sample on back for exact language required. Your insurance policy will not be accepted unless the "County of Monmouth" as stated on the sample is named as additional insured.
3. Insurance certificates must be sent **DIRECTLY FROM THE INSURANCE AGENCY** to Park Management via one of the following methods **NO LATER THAN 30 DAYS PRIOR TO THE EVENT:**

Mail: Monmouth County Park System  
Attn: [enter name of Special Event Representative]  
805 Newman Springs Road  
Lincroft, NJ 07738  
Fax: (732) 842-4558  
Email: info@monmouthcountyparks.com

**UNDER NO CIRCUMSTANCES WILL ANY EXHIBITOR OR VENDOR BE PERMITTED TO SET UP AND/OR OPERATE IN THE PARK WITHOUT VALID COMMERCIAL GENERAL LIABILITY INSURANCE IN EFFECT.**

**SEE REVERSE SIDE FOR SAMPLE OF INSURANCE CERTIFICATE**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Name of permit holding business/organization Address Town/City, State ZIP Telephone Number	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		<input checked="" type="checkbox"/>				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The County of Monmouth, the Monmouth County Board of Recreation Commissioners, and their employees and agents are hereby named as additional insured on permit holder's commercial general liability policy by endorsement.

Event Name:  
Event Location:

**CERTIFICATE HOLDER****CANCELLATION**

Monmouth County Park System 805 Newman Springs Road Lincroft, NJ 07738	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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