



MONMOUTH COUNTY PARK SYSTEM REQUEST FOR CHILDREN'S "MAKE & TAKE" ACTIVITY VENDORS

EVENT: THOMPSON PARK DAY

EVENT DATE: SUNDAY, OCTOBER 18, 2026
(Vendor selection begins on 6/25/2026)

EVENT LOCATION: THOMPSON PARK, LINCROFT, NJ

HOURS OF OPERATION: 11 AM - 5 PM

EVENT RATE: \$125

1. **EVENT DESCRIPTION:**

Thompson Park Day is a one-day mini-carnival type event with seasonal themed activities and entertainment. Visitation at this annual event is expected to be 12,000-14,000 attendees.

2. **VENDORS SOUGHT:**

We are seeking to fill five (5) spaces for Children's "Make & Take" Crafts/Activities. Each 20' x 20' outdoor space will accommodate a different type of craft or activity and only one craft/activity is allowed per space. Vendors must account for the total dimension of their unit and equipment. No extension into adjacent space will be permitted. "Make & Take" crafts MUST be made by the participant (sand art, spin art, etc.) or for the participant (caricatures, facepainting, tattoos, etc.). Items pre-made and sold are not considered as "Make & Take". We must have one (1) facepaint and one (1) sand art vendor. Vendor selection will begin via a lottery on 6/25/2026 and will continue until all activity spaces are filled.

3. **LOCATION & SET UP:**

- Monmouth County Park System staff will locate vendors on the day of event. All exhibits, displays and vendor concessions shall remain set up and in full operation for the entire duration of the event.
Set-Up Time: 9:00 AM - 10:30 AM
Event Time: 11:00 AM - 5:00 PM
Removal Time: 5:00 PM - 6:30 PM
- All exhibitors and vendors shall provide their own tables, chairs, set-up materials, tools, backdrops, side drops, and displays as needed.

4. **ADDITIONAL INFORMATION:**

- No running water or electricity is available.
- 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.
- The Monmouth County Park System reserves the right to cancel a scheduled display date in case of severe inclement weather. In that event a full refund will be given; however, our events usually take place rain or shine. Please be prepared with some type of shelter in case of inclement weather.



MONMOUTH COUNTY PARK SYSTEM

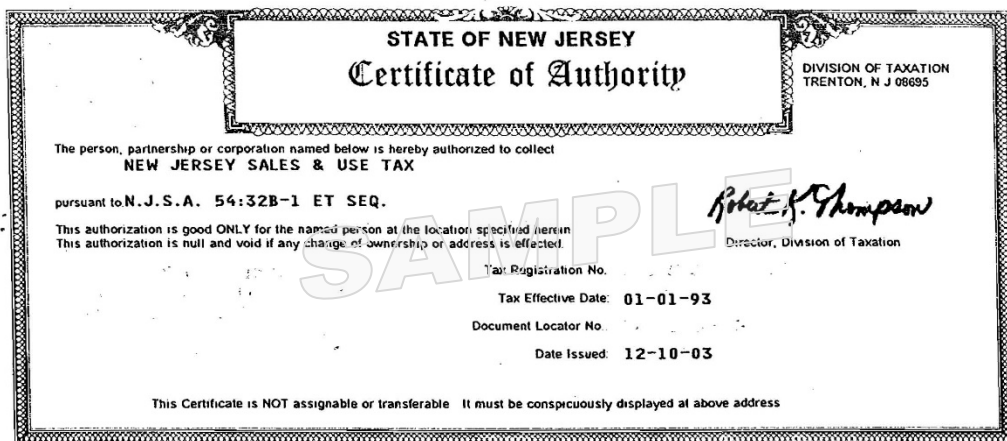
SPECIAL EVENT



Vendor 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.
- Full payment made payable to the Monmouth County Board of Recreation Commissioners. If choosing to pay by credit card, all credit card information must be listed on application and your card will be charged upon selection. Applicants with declined payments will be placed on the waiting list.
- 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. 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 emailed to Vendors@monmouthcountyparks.com or placed in an envelope clearly labeled with **applicant's return address, name of event, ATTN: Erika Bozza**, and marked "**Exhibitor Application.**" Application envelopes **not clearly marked** may not reach the appropriate Park System Representative in time for the lottery drawing. Your application must reach us via email, mail or be hand-delivered to Erika Bozza (or designee) at 805 Newman Springs Road, Lincroft, NJ 07738-1695.



**MONMOUTH COUNTY PARK SYSTEM
SPECIAL EVENT
CHILDREN'S "MAKE & TAKE"
ACTIVITY APPLICATION**

FOR OFFICE USE ONLY	
PROG #	_____
AMOUNT	_____
PD. IN FULL	_____

ALL INFORMATION MUST BE COMPLETED FOR SPACE CONSIDERATION.

APPLICANT IS APPLYING FOR:

- Thompson Park Day, Thompson Park, Lincroft
Sunday, October 18, 2026, 11 AM – 5 PM

VENDOR RATE FOR EVENT: \$125

(Vendor selection begins on 6/25/2026)

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 20' x 20' and are outdoors.
- No electricity or running water will be supplied.
- All exhibitors and vendors shall provide their own tables, chairs, and set-up materials.
- Only one application may be submitted per business/household.

GOODS AND SERVICES

You **MUST** list **ALL** items you wish to sell. 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.

TYPE OF CRAFT/ACTIVITY (If applying for more than one, please list in order of preference. Selected vendors will only be assigned one craft/activity)

1. _____
2. _____
3. _____
4. _____
5. _____

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 by Erika Bozza (or designee). **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.

Payment Method: VISA MASTERCARD DISCOVER AMERICAN EXPRESS CHECK MONEY ORDER

Card Number _____ CVV _____
(last 3 digits in signature strip on back of card)

Expiration Date _____ Billing Zip Code _____

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: _____

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MONMOUTH COUNTY PARK SYSTEM

VENDOR INSURANCE INSTRUCTIONS



Below are the insurance requirements that affect Special Event 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: Erika Bozza, Vendor Committee
805 Newman Springs Road
Lincroft, NJ 07738

Fax: Thompson Park Visitor Center (732) 842-4558

Email: vendors@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 have ADDITIONAL INSURED provisions or 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).

INSURED Name of permit holding business/organization Address Town/City, State ZIP Telephone Number	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A :	NAIC #
	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"/>	COMMERCIAL GENERAL LIABILITY <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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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