

CARRINGTON VILLAGE



SATURDAY, JULY 20, 2024 12 PM – 10 PM

459-463 Martin Luther King, Dr. Jersey City, NY 07304 • 201-333-8077 • 201-522-2649

FOOD / NON FOOD VENDOR APPLICATION 2024

VENDOR DIRECTOR: Philip Carrington • (201) 522-2649 • CARRINGTONCHOCOLATECT@YAHOO.COM

VENDOR SET-UP: 10:00am-12:00pm

FESTIVAL SITE: 459 – 463 MLK DRIVE * Jersey City, NJ 07304

VENDOR SPACE: UP TO 10' X 10'

Complete the following and send back immediately for discounts and savings.

Yes, I will participate as a vendor at the Carrington Village Caribbean Festival on Saturday, July 20, 2024.

PLEASE CIRCLE ONE: Vendor Restaurant Food Truck

Name: _____ Business Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email: _____

Social Media: _____ Business Tax ID: _____

FEES:

NON FOOD VENDOR FEE	\$100.00	HEALTH DEPT. FEE	\$50.00
FOOD VENDOR FEE	\$250.00	FIRE DEPT. FEE (cooking with Open Flame)	\$125.00
CORPORATION EXHIBIT	\$TBD	FOOD TRUCK.....	\$200.00

Please provide three images of the merchandise you will be vending (Non-returnable).

MERCHANDISE DESCRIPTION (please specify type): _____

Application must be postmarked by JULY 10, 2024. If not a \$50.00 late fee will be charged. NO EXCEPTIONS or REFUNDS.

Please have tablecloth or table skirt long enough to cover any boxes or packing cases you will keep under the table in the Festival Motif color. Vendors must bring their own tables, stands or other furniture to display their merchandise and chairs for the exhibit personnel, if desired. All objects must be able to fit within your designated area. The undersigned

vendor hereby applies for space at the Carrington Village Caribbean Festival and enclosed are the appropriate fee(s) herein., The consideration of the Festival reservation of space and provision of promotion the unsigned vendor hereby agrees to waive any and all claims against the Carrington Village Caribbean Festival staff, and promoters, sponsors and their respective employees for loss or damage to personal property or objects displayed and for any personal injury to the person or their staff.

Vendor Signature: _____ Date: _____

Cash or Money Order payable to:
PayPal: fcdd.commuity@gmail.com

Family Collective Day Care Center
If other payment options are needed, please let us know

For Office Use Only:			
<input type="checkbox"/> Application Date Received:	<input type="checkbox"/> Vendor Fee	<input type="checkbox"/> Health Dept Fee	<input type="checkbox"/> Fire Dept Fee
<input type="checkbox"/> Amount Enclosed:	<input type="checkbox"/> Paid in Full	<input type="checkbox"/> Balance Due:	
<input type="checkbox"/> Approved by:			