



The 4th Annual Lincoln Park Music Festival Vendor Registration Form

Please print or type all information. You may mail in your form with payment or drop it off in person at the address below. Acceptable forms of payment are business checks or money orders made payable to "Lincoln Park Coast Cultural District". Personal checks will be accepted up to a month before the event. You may fax your reservation to (973) 230-0006 to hold your space but reservations are not completed until all fees are paid. Space availability is limited and awarded on a first-come basis so please book your space as soon as possible.

Festival Schedule & Times:

Friday, July 24, 2009:	Gospel/Community Day	12pm – 8pm
Saturday, July 25, 2009:	House Music Concert	12pm – 8pm
Sunday, July 26, 2009:	Old School Hip-Hop Concert	12pm – 8pm

Instructions

- 1) Please read and sign enclosed Vendors Agreement along with completed application and payment to: LPCCD 9-11 Crawford Street, Suite 3 Newark, NJ 07102.
- 2) Vendors must provide own tents, tables and chairs.
- 3) Vendors may arrive as early as 8am to set up and no later than 10am. Vendors arriving after 10am may not be permitted to participate and any fees paid are non-refundable.
- 4) The City of Newark now requires that all vendors obtain a "Special Event Vending License and for those using fire, a special Fire Permit is also require. If you are already registered with the City of Newark the fee is \$5. If you an out of state vendor or working with the City of Newark as a vendor for the first time, you must register and pay a \$100 fee. Out of state vendor can money order directly to LPCCD and we will help process applications. Food vendors must obtain proper fire and health permits.
- 5) There is no rain date for this event.
- 6) Vending rates for 10' by 12' space:

Corporate	\$175 per day
Food	\$150 per day
Arts & Craft	\$125 per day

- 7) Non-Profit community organizations may participate at no cost. (limited space available)

Business Organization Name: _____

Contact Person: _____ **Phone Number:** _____

Business Address: _____

Emergency Contact Number: _____ **Email:** _____

Type of Vendor/Business: (Check One)

___ Corporate Vendor

Name of Company

___ Food Vendor

Type of heating being used: Propane Sterno None

Describe types of food being sold:

Merchandise Vendor (Hand Made or Original Work): Yes or No

Describe types of products being sold:

AUTHORIZED SIGNATURE

PRINT

SIGN

DATE