



**8th Annual "Sundaes on Sunday" Ice Cream Festival
Sunday July 16, 2017**

"All Wars Memorial Park" 1299 Shore Rd., Linwood, NJ 08221

12pm - 4pm (Rain Date July 23rd)

All application should be postmarked by July 8, 2017

Name: _____

Business Name: _____

Address/City/St./Zip: _____

Email: _____ Best Phone# _____

NJ Tax # _____ Signature: _____

of Spaces (10' x 10' each): _____ Amount Enclosed (non-refundable) (circle one)

\$50 (retail)

\$75 (food)

\$100 (food truck)

FOOD VENDORS MUST SUBMIT CERTIFICATE OF INSURANCE NAMING THE ALCOVE, WBNG PROD. & LINWOOD
ADDITIONALLY INSURED, along with ATLANTIC COUNTY HEALTH DEPT. MOBILE FOOD FORM W/ APPL.
FOOD VENDORS MUST ALSO SUBMIT FIRE PERMIT APPL. TO LINWOOD FIRE DEPT.

Description of Items/Food Types for Sale: _____

Completed applications including payment by check or money order (made payable to: "THE ALCOVE")
should be mailed to: WBNG PRODUCTIONS PO BOX 2117 VENTNOR, NJ 08406

Secure online payments by way of PayPal or major credit cards can be made on The Alcove website at:

www.thealcove.org

For more info contact WALLY at WBNG PRODUCTIONS 609-214-8293 or email: wbnoprods@gmail.com

All tables must be covered with table coverings to the ground. Any inventory or empty boxes should be under tables & out of sight of customers. 10x10 tents are permitted, must be set up and removed by vendor. Set-up time is 9am to 11:45am, at which time all vehicles must be off the grounds. Vendors are responsible to remove all debris and trash from area after show breakdown. Early breakdowns are not permitted - please remain set up until end of festival (6pm).

The Alcove or the city of Linwood will NOT be liable for injury, loss or damage, for personal belongings lost or stolen or damage to or from tents. Vendors are solely responsible for supplying their own table & tent, set ups, break downs, and sales. The Alcove Center for Grieving Children and Families would like to thank you for participating in this event and appreciate the joy & happiness you have brought to the children & their families.

I understand that my application & fee, once accepted, are non-refundable. There will be a \$25 fee for all returned checks.

Signature: _____

Date: _____

Printed Name: _____