



10th Annual "Sundaes on Sunday" Ice Cream Festival

Sunday July 21, 2019

"Bader Field" 545 Albany Ave, Atlantic City, NJ 08401

11pm - 5pm (Rain Date July 28nd)

All application should be postmarked by July 12th 2019

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)

\$55 (retail)

\$75 (food)

\$150 (food truck)

FOOD VENDORS MUST SUBMIT CERTIFICATE OF INSURANCE NAMING THE ALCOVE, & CITY OF Atlantic City
ADDITIONALLY INSURED, along with ATLANTIC COUNTY HEALTH DEPT. MOBILE FOOD FORM W/ APPL.
FOOD VENDORS MUST ALSO SUBMIT FIRE PERMIT APPL. TO Atlantic City 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: The Alcove 376 Tilton Rd. - Rear, Northfield, NJ 08225

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 Krissy at The Alcove 609.484.1133 x102 or kristin@thealcove.org

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 8am to 10am, 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 (5pm).

The Alcove or the city of Atlantic City 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: _____