

# CLIFFHANGER PRODUCTIONS, INC.

161 Park Avenue Rutherford, New Jersey 07070-2307

Phone: (201) 460-8335 Fax: (201) 460-1012

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[WWW.CLIFFHANGERPRODUCTIONS.COM](http://WWW.CLIFFHANGERPRODUCTIONS.COM)

## BOROUGH OF CARLSTADT 1<sup>ST</sup> ANNUAL FALL FESTIVAL APPLICATION FOR VENDOR SPACE SUNDAY, NOVEMBER 11, 2018 – RAIN OR SHINE

**Time of Event:** 11:00 am – 6:00 pm                      Set up: 9:00 a.m.  
**Place:** 4<sup>TH</sup> AND BROAD AND VILLAGE GREEN  
**Produced by:** Cliffhanger Productions              **Phone:** 201-460-8335    **Fax:** 201-460-1012

Cliffhanger Productions and the Borough of Carlstadt will provide substantial publicity for this event through billboard advertising, email blasts, social media, and signage and banners throughout the area. The undersigned exhibitor/vendor hereby contracts for exhibition space at the Carlstadt Fall Festival and encloses the required non-refundable deposit. By signing below, the exhibitor/vendor and all its agents, servants, and employees, do hereby release the Borough of Carlstadt and Cliffhanger Productions from any and all damage or loss whatsoever and from any and all liability for personal injury or damage of any kind to the exhibitor/vendor, and its agents, servants, and/or employees, and/or its merchandise, products, equipment, or vehicles. The exhibitor/vendor and its agents, servants, and employees further agree to defend, indemnify and hold harmless the Borough of Carlstadt and Cliffhanger Productions for any and all damages and losses of any kind to any person or entity, caused by the negligent act or failure to act of the exhibitor/vendor and its agents, servants and/or employees.

### Spaces are 10'x10'

Food Vendor	\$200.00 x _____ Spaces	= _____
Other Vendor	\$125.00 x _____ Spaces	= _____
Local Merchant	\$ 50.00 x _____ Spaces	= _____
Local Food/Restaurant	\$100.00 x _____ Spaces	= _____
Non-Profit	\$ 25.00 x _____ Spaces	= _____
Total Amount Enclosed:		_____

**Payment:** Mail completed application and nonrefundable fees in a check made payable to "Cliffhanger Productions" to: **Cliffhanger Productions, 161 Park Avenue, Rutherford, NJ 07070**

### **PLEASE WRITE CLEARLY**

Contact Name \_\_\_\_\_ Trade \_\_\_\_\_

Business/Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Sales Tax Number, Indicate State and # (ex. NJ/NY/PA) \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Facebook \_\_\_\_\_ Cell Phone \_\_\_\_\_

Website \_\_\_\_\_ Email Address \_\_\_\_\_

Merchandise description (This info will be used for publicity, booth placement, and exhibitor lists)

\_\_\_\_\_, \_\_\_\_\_,