



**In Celebration of Montville's 150 Years
& National Chamber of Commerce Day
Join us at Montville Township's first annual
"Community Expo"**

Participants will showcase their businesses and organizations to the community at this town wide event, to include free samples, raffles and more. The Expo will be a terrific opportunity for Montville Township businesses to connect with the community.

**October 18th 3:00PM -9:00PM at the Senior House, 356 Main Road, Montville
Sponsored by the Economic Development Committee
and the Montville Chamber of Commerce**

For further information please call Deane Driscoll [973-216-7649](tel:973-216-7649)
Email DeaneD@acdsecurity.com

VENDOR APPLICATION FORM

To reserve an exhibit table, please complete the following application form.

Please note that table locations are assigned on a first-come, first-served basis.

For more information, contact Deane Driscoll [973-216-7649](tel:973-216-7649)
Email DeaneD@acdsecurity.com

Total 6' Merchandise Vendor Table \$100 x _____ = \$ _____

LOGISTICS Community Expo Location: Senior House, 356 Main Road, Montville, NJ

Vendor booths will be available for set up starting on Wednesday, October 18 at 1:00.

Tables include table, chairs, and table sign (company name and website).

TERMS By signing this Contract, the vendor affirms that the vendor shall assume the entire responsibility for any loss, damage and/or claim arising out of any injury or any damage to the vendor's display, equipment and/or any other property that might occur on the premises of the event and shall indemnify and hold harmless the expo agents, employees, and EDC or Chamber from any and all such loss, damage and/or claims. The vendor also agrees to abide by the safety regulations, including complying with the Department of Health's Food Services Guidelines Note that equipment/utensil washing facilities must be provided by food vendors. This Contract does not include special services, such as special electrical requirements, easels, internet or telephone and/or data lines.

PLEASE FILL OUT THE FOLLOWING:

Company _____
Person of Contact _____
Address _____
_____ City _____
State _____ Zip Code _____
Email _____ Phone _____
Trade Name or Food Establishment Association _____

Menu/Food items offered for sale or sampling _____
Do you have insurance? _____ If so, please specify _____
_____ Will you be accepting cash and/or
credit? _____

PAYMENT Total Amount Due \$ _____ : Check payable to "Montville
Township Chamber of Commerce"
Mail to: Montville Township Chamber of Commerce
195 Changebridge Road, Montville, New Jersey 07045
Attention: Community Expo

READ & SIGN Full payment is due upon execution of this Application. All fees are
deemed fully earned and are non-refundable. Cancellation by Sponsor/ Advertiser does
not relieve Sponsor/Advertiser of liability for full payment of fees, notwithstanding the
loss of Sponsor/Advertiser package benefits.

Signature _____ Date _____

