



# Welcome to Lusscroft Farm

## A historic farm belonging to the State of New Jersey

A Part of High Point State Park - State Park Rules Apply

Presented by the Heritage & Agriculture Association and The Medicine Wheel Council  
At Lusscroft Farm  
in Partnership with NJ Division of Parks & Forestry

Vendor entrance for loading/unloading is 50 Neilson Road Wantage NJ 07461

# 9<sup>th</sup> Annual Medicine Wheel Festival May 20 & 21 2017

## VENDOR REGISTRATION FORM

Business Name: \_\_\_\_\_ Contact person(s): \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

Website: \_\_\_\_\_

*Sale Hours 10 AM to 8 PM*

**DEADLINE FOR VENDOR APPLICATIONS IS MARCH 15!**

Rates: Both days (preferred) \$50 \_\_\_\_\_ 1 day \$30 \_\_\_ SAT. \_\_\_ SUN. \_\_\_

*Add a brief description of your specialty items (30 words or less) as you wish to be advertised on our web site.*

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Make check payable to: H&AA (Heritage & Agriculture Association) Mail along with this form to:

Heritage & Agriculture Assoc. c/o Nancy Miller 29 Maple Ave Sussex NJ 07461

Questions? Text or call Nancy Miller 973-300-1428 or email: [aromanancy@gmail.com](mailto:aromanancy@gmail.com),

Visit [www.MedicineWheelGarden.WordPress.com](http://www.MedicineWheelGarden.WordPress.com) and on Facebook "Friends of the Medicine Wheel" for updates and schedules

**\*\*\*\* PLEASE READ THE RENTAL SPACE REQUIREMENTS \*\*\*\***

## **RENTAL SPACE REQUIREMENTS**

### **Insurance**

Vendors shall obtain and maintain public liability insurance for loss, damage to rented property and Personal injury arising from their operations under the License. The vendor will provide a copy of the current certificate of insurance by the due date of April 15.

The insurance certificate must:

❖ Identify the Vendor by name and address and, if applicable, the legal status, i.e., corporation, limited liability company, partnership, limited partnership or unincorporated association. Show insurance coverage in the minimum amounts of \$1,000,000 General Liability and \$1,000,000 Product Liability, 100,000 for property damage.

Vendors shall immediately inform the Medicine Wheel Committee; Coordinator of Vendors (Nancy Miller) of any insurance cancellation or material change in coverage. The vendor agrees that the owner and its officers, employees, volunteers, and agents shall not be liable for any damage or liability of any kind or for any injury to or death of persons, or damage to property of vendor or any other person, by any cause whatsoever, by reason of the operations to be carried out pursuant to the contract to which this rider is attached.

- 1. You may set up your canopy and tables Friday the day before between 4 PM and 7 PM ONLY**
- 2. Lusscroft Farm will be open for vendors at 8:30 AM on the days of the event for vendor setup.**
- 3. You must check in upon arrival**
- 4. Vendors must be unloaded and ready for sale by 9:30**
- 5. You MUST load/unload and immediately MOVE your vehicle to the designated parking area. Be considerate - other vendors also need to load/unload.**
- 6. Cars must be parked in allocated vendor parking spaces, one car to a seller.**
- 7. Bring your own tables, canopies, chairs and displays and leveling materials.  
NEW: You MUST have weights for your canopy.**
- 8. Any tents/canopies need to be fire-retardant**
- 9. Electricity is very limited. Food vendors have priority and must bring commercial grade 100 ft electrical cord(s).**
- 10. All sellers must stay within their assigned space and are not allowed to randomly move to another spot.**
- 11. Leaving early is not permitted**
- 12. Event will be held RAIN OR SHINE**
- 13. There is NO overnight security**
- 14. Only legally allowed sale items**
- 15. State Park RULES apply - NO firearms/weapons, NO alcohol/NO illegal drugs, etc.**
- 16. NO refunds**
- 17. NO dis-crediting other vendors to the public – you will not be allowed to vend if you are found doing this.**

**NOTE: ALL SPACES ARE OUTDOORS in an UN-LEVEL FIELD and can be quite windy at times.**

**By signing here, I agree that I and any/all helpers agree to the terms of the vending contract.**

**Vendor Name:: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_**