

New Hope Baptist Church  
of Hackensack

Business Empowerment Expo Vendor Reservation

Please reserve a space for the Business Empowerment Expo at New Hope Baptist Church to be held on Saturday, July 26<sup>th</sup> 2008 (rain or shine). I agree to the following terms and conditions in order to utilize this space for my business.

I understand that spaces will be sold on a first come first served basis to both non-food vendors (\$35) and food vendors (\$50). (Health Certificates are required for food vendors and may be gotten from the city of Hackensack.) The vendor registration form must be received by July 1st. Applicants will be notified by July 11<sup>th</sup> of the status of their application. All checks are to be made out to New Hope Baptist Church and accompany the application form. Send to: New Hope Baptist Church 214 Berdan Place Hackensack, NJ 07601 Attn: Business Empowerment Expo. Telephone 201-343-9449 / Fax 201-343-2066.

Each vendor will be listed in the Business Empowerment Expo Directory. If you would like to purchase ad space in the directory please call or visit our website [www.newhopebaptistchurch.org](http://www.newhopebaptistchurch.org).

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I agree to provide my own table, tent, displays, merchandise, staff etc and. to operate my own space. I am willing to have that space set up for business from 11 am through 5pm on Saturday July 26, 2008.

I understand that there is NO available electricity for any spaces. I agree to maintain the space in an orderly and clean manner during the Business Empowerment Expo and remove any and all goods, tables, equipment and garbage promptly that same evening from my space once the Business Empowerment Expo is closed. I am responsible for all goods that are for sale from my space. I agree that the organizers do not bear any responsibility for injury, loss or damage to goods, displays, equipment or persons.

Business Name \_\_\_\_\_ Owner/Manager \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Type of merchandise or food to be sold \_\_\_\_\_

Signature \_\_\_\_\_ Please Print Name \_\_\_\_\_

For Office use only:

Date received \_\_\_\_\_ Space Assigned \_\_\_\_\_ Notified \_\_\_\_\_