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May 10, 2017

**Dumont Day Extravaganza - 2017**

**DATE:** Saturday, September 9  
**Rain date:** Sunday, September 10

**Set Up Time:** 8:00am

**TIME:** 10:00am – 6:00pm

**FOOD VENDORS ONLY:** 10:00am- 8:00pm **OR** 10:00pm (Vendors Choice)

**CONCERT:** 7:00pm

**PLACE:** Memorial Park

**EVENT GUIDELINES:**

Booth fees:

Non-Profit Organizations	Waived
Businesses/crafters selling activities/wares	\$125.00
Food Vendors	\$250.00
Businesses Promotion only	\$50.00

**Checks should be made out to Dumont Recreation.**

Businesses promoting their company only, will be asked to have a free activity at their booth. All booth spaces will be approximately 10' x 12'. Each space will come with 2 six foot tables and 2 chairs. Participants may not bring in their own tables or chairs. Participants may bring their own tents. The tents must be in "like new" condition and must fit within the booth space. Tents will also be available for rental through Traditional Events on a first come first serve basis. The rental fee for the tents is \$50.00.

All involved, with the exception of those promoting their businesses only, will be able to charge for booth activities. Activities will be of a family friendly nature i.e. Games, raffles, food & rides. **No vendors or organizations will be allowed to sell candy cigarettes, toy guns, confetti, silly string, poppers or whips.** Traditional Events must approve activities according to Borough guidelines. There will be no exceptions and no repeat activities/food allowed. This will allow each group to fund raise equally.

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**TRADITIONAL  
EVENTS**

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**Raffle licenses must be obtained through the borough and must be event specific. Multiple groups wishing to hold a 50/50 raffle will be allowed. All raffle licenses must be applied for by Friday, July 28, 2017 for inclusion at Dumont Day. There will be no exceptions.**

**STAGE:**

Local dance, karate, bands, choral groups, etc. will be invited to participate on the stage and given 15 - 30 minute time slots to work within. All other time slots will be filled through activities that local businesses have sponsored.

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**PARTICIPANT REGISTRATION FORM  
DUMONT DAY EXTRAVAGANZA 2017**

NAME OF ORGANIZATION: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

OFFICE PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

PLEASE LIST GAME, DISPLAY, ACTIVITY, FOOD OR ITEM FOR SALE:

\_\_\_\_\_  
\_\_\_\_\_

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**2 TABLES & 2 CHAIRS INCLUDED IN REGISTRATION.  
EXTRAS NEEDED HAVE A NOMINAL FEE.  
PLEASE CALL OR EMAIL IF EXTRAS ARE WANTED.**

DO YOU WANT TO RESERVE A TENT?            Y    N

DO YOU REQUIRE ELECTRICITY?            Y    N

\*\*What item(s) will be requiring electricity? \_\_\_\_\_

\*\* What are these items individual wattage requirements? \_\_\_\_\_

**Booth Fee checks should be made out to Dumont Recreation.  
Tent Rental checks for \$50.00 should be made out to Traditional Events.**

- **FOR A PREFERRED BOOTH SPACE** ORGANIZATIONS AND CONTRACTED VENDORS MUST SUBMIT THE FOLLOWING DOCUMENTS BY JUNE 15, 2017
- **FOR EVENT INCLUSION:** ORGANIZATIONS AND CONTRACTED VENDORS MUST SUBMIT THE FOLLOWING DOCUMENTS BY AUGUST 15, 2017

HOLD HARMLESS FOR THE BOROUGH OF DUMONT

HOLD HARMLESS FOR TRADITIONAL EVENTS, LLC.

CERT. OF INSURANCE NAMING THE BOROUGH AS AN ADDITIONAL INSURED

CERT. OF INSURANCE NAMING TRADITIONAL EVENTS, LLC. AS AN ADDITIONAL INSURED

RAFFLE LICENSES (IF APPLICABLE)

TEMPORARY FOOD LICENSES (IF APPLICABLE)

THANK YOU FOR YOUR PARTICIPATION.

Return to: [Jenwilkes99@gmail.com](mailto:Jenwilkes99@gmail.com). Or by snail mail to:

Traditional Events, 884 Meadow Lane, Franklin Lakes, NJ 07417



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HOLD HARMLESS AGREEMENT  
BETWEEN TRADITIONAL EVENTS, LLC

AND

Organization Name \_\_\_\_\_

E-MAIL \_\_\_\_\_

Organization Type: (individual, partnership, not-profit corporation, corporation or public entity)

In consideration of the use of **my organization's booth space at Memorial Park on Dumont Day** on the following dates: **September 9, 2017 or the rain date of September 10, 2017** for the purpose of **Dumont Day**, the undersigned agrees to indemnify and hold **Traditional Events, LLC** and its officers, agents and employees harmless from any and all liability, claims, costs and Attorney's fees arising out of the use of the property referred to above.

I understand that this Hold Harmless Agreement also requires that **Traditional Events, LLC** is indemnified from any losses or damages resulting from the acts or omissions from any guest, participant, visitor or other person attending the event herein referred to, unless waived in writing by the **Traditional Events, LLC**.

I agree to furnish a Certificate of Insurance specifically naming **Traditional Events, LLC** as an additional insured, providing general liability, bodily injury and property damage coverage with minimum limits of liability not less than One Million Dollars (\$1,000,000.00).

Signed this \_\_\_\_\_ day of \_\_\_\_\_, as the binding act in deed of

\_\_\_\_\_  
**Name of Organization**

\_\_\_\_\_  
**Authorized Signature**

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HOLD HARMLESS AGREEMENT  
between the Borough of Dumont  
and

Organization Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Organization Type (Individual, Partnership, Non-profit Corporation,  
Corporation, Public Entity) \_\_\_\_\_

In consideration of the use of my organization's booth space at Memorial Park on the following dates: September 9, 2017 or the rain date of September 10, 2017 for the purpose of Dumont Day, the undersigned agrees to defend, indemnify and hold the Borough of Dumont and its officers, agents and employees harmless from any and all liability, claims, costs and attorney's fees arising out of the use of the property referred to above.

I understand that this Hold Harmless Agreement also requires that the Borough of Dumont is indemnified from any losses or damages resulting from the acts or omissions from any guest, participant, visitor or other person attending the event herein referred to. Unless waived in writing by the Borough of Dumont, I agree to furnish a Certificate of Insurance specifically naming the Borough of Dumont as an additional, insured providing general liability, bodily injury and property damage coverage with minimum limits of liability not less than \$1,000,000 combined single limit.

Said certificate shall state that "the issuing company shall mail 30 days written notice to the certificate holder named, certified mail return receipt". It shall also contain a statement acknowledging this hold harmless agreement. No exceptions or limitations will be accepted.

In order to induce the Borough of Dumont to accept this hold harmless agreement, the following information concerning the intended use of the premises is furnished:

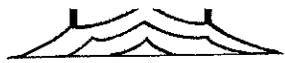
- a) Alcoholic Beverages (will) or (will not) be served.
- b) Total number of persons anticipated is \_\_\_\_\_.
- c) Live entertainment (will) or (will not) be provided.
- d) Other \_\_\_\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ as the binding act

in deed of \_\_\_\_\_  
(Name of Organization)

\_\_\_\_\_  
s  
Authorized Signature from Organization listed above

Note: Certificate of Insurance shall be in original form. No photocopies or fax copies shall be accepted. The authorized person must also sign it in ink.

  
**TRADITIONAL  
EVENTS**

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I fully understand that all tables and chairs allocated to my location (booth) at Dumont Day, 9/9/17 or 9/10/17, must be returned at the end of the day to the designated area in a neat and orderly way. If this is not done, I fully understand that my organization will be charged the \$25.00 deposit fee by Dumont Recreation.

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Signature

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Organization

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# Borough of Dumont

80 W. Madison Ave. • Dumont, NJ 07628  
(201) 387- 5022

License # \_\_\_\_\_

Please check one:  Initial Application or  Renewal Application

Date of Previous License: \_\_\_\_\_

Name of Business: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Fee: \_\_\_\_\_

Restaurant Seating Capacity: \_\_\_\_\_

**Applicant agrees to comply with all ordinances of the Department of Health, of the Township of River Vale, NJ and those of the State of New Jersey.**

Owner's Name: (print) \_\_\_\_\_ (signature) \_\_\_\_\_

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

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

### Refuse/Trash Removal Information:

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Exterminator Information:

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of Exterminator's Insurer: \_\_\_\_\_

Current DEP Registration #: \_\_\_\_\_ Certificate of Liability:  yes  no

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Person Completing Form)

\_\_\_\_\_  
(Print Name of Person Completing Form)

