



PRESENTS ITS 7TH ANNUAL

SHOWCASE of Local Dining FUNDRAISER



DISPLAY YOUR Culinary Magic

- 12 Savory/5 Dessert Openings
- Awards to Top 3
- 300+ Attendees
- Weekly Fb Posts for Your Business
- Customized Graphic for Your Business
- Full Page Ad in Event Program
- Future Vernon Chamber meeting held @ Savory Winners' restaurants
- Custom Participant Poster
- Bonus Fb Posts for Winners
- Featured on Vernon Chamber website
- Post-Event Awards Ceremony

Monday April 22nd
@Red Tail Lodge

Call Theresa @ 973-919-9439



2024 TASTE OF VERNON VENDOR REGISTRATION FORM



As part of its mission to promote local businesses and support the community, the Vernon Chamber created the Taste of Vernon Event to highlight local restaurants, eateries, and caterers. By providing a tasting to the attendees, this fun event promotes each food business to local consumers and visitors. Proceeds are used to help Vernon community organizations and other philanthropic purposes such as high school scholarships. The Vernon Chamber of Commerce is a 501(c)6 tax-exempt non-profit organization.

**EVENT DETAILS: Monday, April 22, 2024 @ 6 pm to 9 pm
@ Red Tail Lodge, 200 NJ-94, Vernon, NJ
VENDOR SET-UP - 4 pm, ready by 5:30 pm**

Business Name (Vendor): _____

Business Address: _____

Contact Person's Name: _____

Phone: _____ Email: _____

Website: _____

Do You Require Electric Outlet? YES _____ NO _____

>>>A \$150 Deposit to hold your spot is required. The deposit check is returned to you at the event, and only cashed in the event of no-show/non-participation.

>>>All Vendors must follow Sussex County/Vernon Township Health Dept & Vernon Fire Dept regulations - and must currently have or apply for and obtain necessary health/fire permits.

I _____ Already Have _____ Will Apply for a Vernon Twp Food Vendor permit.

>>>The Venue (Red Tail Lodge) requires a Certificate of Insurance from each Vendor. Please provide it within 2 weeks of registration, and no later than March 31st.

>>>Each Vendor is responsible for its own chafing dishes/cooking needs, serving utensils, table, table linens, and staffing. *In addition to the Top 3 "People's Choice Awards", there is an "Overall Best Presentation Award."

ACKNOWLEDGEMENT: As an authorized agent of the Vendor, my signature attests that I have read, understood & agree to the guidelines included in this application. Vendor also agrees to hold harmless Vernon Chamber of Commerce, and its affiliates, subsidiaries, members, directors, officers, and agents, from and against any claim and any losses associated with the 2024 Taste of Vernon event.

SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____

*Call or Text/Email Form to Theresa @ 973-919-9439 or
info@VernonChamber.com . . . Mail Deposit to:
Vernon Chamber, PO Box 308, Vernon, NJ 07462, or call for pick-up*