

Western NY - Springville Dairy & Agricultural Festival Food/Concession Application

PO BOX 368, Springville, NY
14141



APPLICATIONS WILL NOT BE CONSIDERED UNLESS ALL INFORMATION IS PROVIDED, payment due with application!

VENDOR # _____ NAME OF BUSINESS _____

NYS TAX ID _____ PHONE # _____ CELL# _____

NAME OF APPLICANT _____ EMAIL _____

MAILING ADDRESS _____

FEE DUE WITH APPLICATION: **DISCOUNT OF \$20 IF PAID BY APRIL 1ST, 2017**

TYPE OF CONCESSION/EXHIBIT;

____ FOOD Concession \$15 dollars per foot of frontage - space used for the purpose of selling food and beverages. Health permit, proof of insurance are required. Checks made payable to WNY Dairy & AG Festival. # Feet _____ X \$15.00 = _____

____ NON PROFIT CHARITABLE ORGANIZATION (FEE \$50)

Would you like to sponsor an event during the weekend? (pizza- eating contest, ice cream eating contest, best pie, best cookie recipe, etc.) yes _____ no _____

Including awnings, doors, tent stakes and hitches. Number of locations desired: _____

Do you have a: Trailer _____ Tent _____ Other _____ Size _____ including stakes and tie-downs

Frontage _____ Depth _____

Electric needed Yes _____ No _____ 30 amp available **\$20.00 Fee** Water needed Yes _____ No _____

Briefly describe display:

PRODUCTS/SERVICES

The WNY Dairy & AG Festival requires that all products and services sold/displayed during the Festival be approved in advance by the Board. Any changes must be made to Chairman so we don't have issues. Please list all products or menu items to be sold at your location, displayed or given away at your stand.

ALL PARTICIPANTS MUST SIGN THE HOLD HARMLESS AGREEMENT BELOW:

____ (Participant/s) shall defend, indemnify and hold harmless, Springville WNY Dairy & AG Festival, its officers, and committee chairpersons, from and against any and all liability, damages, expense, causes of action, suits, claims, penalties or judgments arising from injury to persons or property, including death, sustained by any person or persons, arising directly or indirectly out of activities carried out during this special event.

____ Signature _____ Printed Name

____ Signature _____ Printed Name

INSURANCE:

Completing this form does not constitute proof of insurance. Proof of insurance will be required once application is approved, two weeks before the event. Insurance should include the following minimums: and also should list the Springville WNY Dairy AG Festival its officers and committee chairpersons, PO box 368 Springville, NY 14141 as additional insured on a primary non-contributory basis with limits of liability of at-least:

\$1,000,000 for Occurrences/\$2,000,000 Aggregate for Bodily Injury and Property damage,
\$1,000,000 for Products and Completed Operations,
\$1,000,000 Personal Injury/ Advertising Injury,
\$1,000,000 Medical Payments Coverage

Should list the following as additional insured on primary non-contributory basis:

- Springville WNY Dairy Ag Festival its officers, committee and chairpersons – PO BOX 368, Springville NY 14141
- Springville Griffith Institute Central School District, its employees, administrators, and its authorized volunteers/committee members – 307 Newman Street, Springville, NY 14141
- Village of Springville, its employees, administrators, elected and appointed Official's and its authorized volunteers/committee members – PO BOX 17, Springville, NY 14141

CERTIFICATION OF APPLICANT

I UNDERSTAND THAT THIS FORM IS AN APPLICATION FOR SPACE ONLY. I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

PRINTED NAME _____

SIGNATURE _____ DATE _____

PRINTED NAME _____

SIGNATURE _____ DATE _____