

City of Burlington, Department of Parks & Recreation
VENDOR/Exhibitor/Booth AGREEMENT AND PERMIT APPLICATION

SPECIAL EVENT: _____

NAME OF BUSINESS: _____

NAME OF OWNER: _____

CONTACT PERSON: _____

TELEPHONE NUMBER _____

BUSINESS ADDRESS: _____

DESCRIPTION OF GOODS/SERVICES _____

FEDERAL IDENTIFICATION # _____ (attach copy)

DATE & TIMES REQUESTED _____

ABSOLUTELY EACH EVENT VENDOR MUST SUPPLY THE DEPARTMENT WITH PROOF OF INSURANCE FOR ONE MILLION (\$1,000,000) DOLLARS / TWO MILLION (\$2,000,000) DOLLARS IN AGGREGATE NAMING THE CITY OF BURLINGTON AS "ADDITIONAL INSURED" (NOT LISTED AS CERTIFICATE HOLDER!). FAX TO (802)865-7090 OR EMAIL TO ADDRESS BELOW.

NOTE: Should the "additional insured" in favor of the City of Burlington be granted under the automatic "additional insured" via **written contract or agreement** endorsement, the contract must be verified with the vendor's insurer as "acceptable". Otherwise an individual "additional insured" endorsement will be required.

Vendor further agrees in any event to indemnify and hold harmless the City of Burlington, its appointed or elected officials, employees, and volunteers from any and all claims, actions, and judgments, including all costs of defense and attorney's fees incurred in defending against same arising from and related to vendors, its employees or volunteers actions.

Vendor signature required: _____

PERMIT FEE: \$30.00 per day Commercial / \$15.00 per day nonprofit (must provide proof of nonprofit status)

Checks payable to Burlington Parks and Recreation; mailed to 645 Pine Street, Suite B, Burlington, VT 05401.

Please complete this section if applicable:

THIS AGREEMENT AND PERMIT APPLICATION MUST BE SIGNED BY BOTH EVENT SPONSOR AND THE PARKS AND RECREATION REPRESENTATIVE TO BE VALID.

I, _____, (vendor signature required) am presently licensed to operate by the Vermont State Board of Health and am presently registered on the Burlington 2% Gross Receipts Tax list (for food and beverage sales only. Please register at City Hall. Information at 865-7011). I further agree to follow the above insurance terms and all other applicable rules and regulations.

The State of Vermont requires a fair stand license seasonally except for one day per month. Please check with the state Health Office for compliance: 802-863-7221

Event Producer Signature Date

Parks and Recreation Sponsor Signature Date

*****NOTE***** Insurance certificate can be emailed to nbove@ci.burlington.vt.us

Insurance received: _____ Fee Received _____ Permit Granted _____
(OK by Parks Dept. Representative)