



July 31 & August 1, 2010 Food Vendor Application

Application Information:

- Space Prices: \$450 for an approximately 20x20 space. Additional 10x20 Spaces \$175. (limited number)
- Must provide a cleaning deposit of \$100 (separate check please).
- Need to provide a copy of your New York State Sales Tax Certificate
- Need to provide a copy of your NYS or County Health Dept Food Permit. You may need to get a temporary health permit from Monroe County, New York. Please verify with them. You are responsible for obtaining all necessary permits. No refunds once application is received and accepted.
- Provide fire extinguisher and appropriate protection for parking lot surfaces from grease spills/stains.
- Need to provide a certificate of insurance naming the Brockport Integrated Service and Community Organization, the State of New York, The State University of New York, SUNY College at Brockport, the Brockport Auxiliary Service Corporation as additional insured. Typical limits are \$1,000,000 per occurrence and \$2,000,000 aggregate.

Business Name _____ Fed Tax ID # _____

Contact Person _____ Phone # _____

Email Address _____ Cell # _____

Address _____ City _____

State _____ Zip _____ Electric Needed? Yes No

Food Items Being Served with prices (approximate). No alcoholic beverages. We will limit duplication:

Do you have a New York State Health Department Food Service Permit? Yes No

Will you have a certified New York State Food Worker Present at all times? Yes No

Do you have or are you exempt from workers comp insurance? Yes No

Do you have a New York State Sales Tax Number? Yes (please list) _____ No

What other events have you vended at? _____

Please provide pictures of your booth.

20x20 Space	\$450
Additional 10x20 Space	\$175
Total Amount Due:	\$ _____

All proceeds after expenses will benefit projects that impact children in the greater Brockport community.

If you have any questions, please contact **Rob Blair** by phone at **585-472-5093** or via e-mail at **brockportartsfestival@gmail.com**

Please make checks payable to BISCO

***Mail To: BISCO
PO Box 197
Brockport, NY 14420***

Waiver of Liability: By signing this agreement, you are agreeing to the terms listed in this waiver on behalf of all members and or employees of your business and or/your barbeque team. In consideration of accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages against the organizers, the Brockport Rotary Club, the Brockport Integrated Service and Community Organization, State University of New York College at Brockport, the Brockport Auxiliary Service Corporation, the University of Rochester, the New England BBQ Society, the Kansas City Barbeque Society, their officers, representatives, successors, and assigns, for any and all injuries suffered by me or any employee or member of my team in this event. Further, I hereby grant full permission to the Brockport Rotary Club, and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recording and any other record of this event for any legitimate purpose. I agree to abide by all 2010 rules and regulations of the Kansas City Barbeque Society and the 2010 Rules of the New England Barbeque Society and any other rules and regulations put in place by the contest organizer. Open container laws will be enforced. I also hereby agree to follow the regulations and have proper permits as of the Monroe County Health Department, the State of New York Taxation and finance department, and any other rules put forth by the sponsor. I also agree that the collection of sales tax and any and all necessary insurance for myself and my employees is solely my responsibility. There will be absolutely no impaling of stakes into the ground for any reason. All booths must be stable and secure in case of high winds.

Signature of Authorized Person

Date

Printed Name of Authorized Person

Title



Office Use Only
Date Received _____
Payment Received _____
Accepted _____ Declined _____
Date Vendor Contacted by Office _____