

City of Burlington, Department of Parks & Recreation
VENDOR/EXHIBITOR/BOOTH AGREEMENT and Indemnification Form

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 ONLY LISTED AS CERTIFICATE HOLDER!) SEE "EVENTS INSURANCE REQUIREMENT" DOCUMENT. PLEASE EMAIL TO EVENT PRODUCER.

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, hold harmless and defend 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: _____

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

*******NOTE***** Insurance certificate and this filled out form should be emailed to the event Producer to be forwarded to Burlington Parks Recreation and Waterfont.**