

HOOLEY ON THE HUDSON XVITM SUNDAY—September 3, 2017-- NOON UNTIL NINE VENDOR APPLICATION

Applicant Name:_(required)								
					Phones: (required) (W)	(H)	(Cell)	(Fax)
					Auto Lic. Plate #_(required)		_Make(required)	
					ModelYear			
*NYS Vendor Lic. Or Tax Nı								
Insurance Certificate naming	g the Ulster Cou	ınty AOH Div 1 an	d City of Kingston as					
co-insured must be on file for transfers. In consideration of accepting this vendor a administrators, waive and release any and all rights a and any Department, the City of Kingston, and any a in this event.	application, I the undersign and claims for damages I m	ed, intending to be legally bound for any have against the Ancient Order	or myself, my heirs, executors and r of Hibernians, the City of Kingston Parks					
Signature								
**Description of Items Offero		equired)						
Booth Size: 10' by 10' @	\$250.00 each							
You must	also register w	ith the City of King	gston					
		and Pay the Vendo						
If you have any questions, please call calculate your required space and buy space registration will be made afte This is an Irish I	the required number July 16, 2017		No refund of any monies for					
		111 0 1						
Application Descious 1	For Festiva	I Use Only						
Application Received:								
Space Required:								
Space Assigned:								

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website: www.ulsteraoh.com email: events@ulsteraoh.com

Steven T. Noble Mayor

CITY OF KINGSTON

Carly Winnie City Clerk

City of Kingston Event Vendor Application

11 10		ticipating, a vendor application and \$40 fee must be submitted for <u>each</u> vendor			
		Date of Event:			
1.	Has applicant ever been convicted of a felony, misdemeanor or violation of any municipal ordinance (except illegal parking)? If yes:, please explain				
3.	If applicant is employed list name and address of employer. Also list credentials establishing relationship				
4.	Applicant's drivers license # as issued by NYS Department of Motor Vehicle				
5.	e in connection with vending please describe applicable below:				
	Cart	License # or other identification			
	Vehicle	License # or other identification			
	Other	License # or other identification			
6.		ndise desired to sell or the type of service applicant desires to perform and			
7.	If the applicant is a corporation or association, the name address and title of the officer upon whom process or other legal notice may be served:				
8.	New York State sales tax identification number or social security #:				
9.	It is the responsibility of the vendor to secure approval from the Ulster County Health Department to serve or sell food				
10.	No Alcohol may be served or sold without proper licensing through the New York State Liquor Authority				
11.	A certificate of liability insurance in the amount of \$1,000,000 (one million) listing the City of Kingston as an				
	additional insured must accompany this	s application.			
<u>H</u>	IOLD HARMLESS AGREEMENT (PUI	RSUANT TO SECTION 61-5(F) OF THE CITY OF KINGSTON CODE			
"Vend succe sums ances	dor", and the City of Kingston, hereinafter r ssors and assigns agrees to hold harmless a of money, accounts, reckonings, bonds, bill	en			
Vende	or Applicant (print name)				
Vende	or Applicant Signature				
	Dated:day	of wear			
event		antee you a particular space. The City of Kingston and other groups, sponsor It may be necessary for you to move your vending operation during these events			
Vend	or Applicant (print name)				
Vende	or Applicant Signature				



NOTES

- * NYS Vendor License or Tax Number and Insurance certificates must be submitted at time of application.*
- ** The Hooley on the HudsonTM Committee reserves the right of removal of any items for sale that are deemed offensive or inappropriate.**
- *** Vendor spaces are limited and will be assigned on a first come, first served' basis. ***
- **** The Area for Vendors does not allow for tents that have stakes or devices that would cause a hole to be placed in the site. ****No tent stakes will be allowed.****

To be GUARANTEED space, <u>ALL</u> applications and payments must be received by July 16, 2017 No applications will be accepted after this date.

All Checks/Money Orders are to be made payable to

ULSTER COUNTY ANCIENT ORDER OF HIBERNIANS

(Memo: HooleyTM) and send to PO BOX 2026, Kingston, NY 12402

Vendors

A certificate of insurance naming the Ancient Order of Hibernians and the City of Kingston as also insured must accompany all vendor applications. Food vendors must meet the requirements of a temporary food service establishment as governed by the Ulster County Health Department, Division of Environmental Sanitation. The Health Department can be reached at (845) 340 3036.

****The City of Kingston Vendor Permit(s) must be on file 4 weeks prior the Date of the Event with the City of Kingston, NY ****

****The Temporary Food Service Form(s) must be on file 4 weeks prior of the Date of the Event with the

<u>UC Health Department****</u>

Vendor Check-in

Access to the Festival site begins at 7:00AM. No access to the site after 10:00 AM will be allowed. If vendors haven't been notified of their locations prior to this, vendors will be given their location at this time. Vendors are responsible for providing their own supplies, including tables, chairs, electrical cords, extension cords, hoses, booth materials, etc. Electricity is available on site. **Maximum electric is 20 AMPS**. You must bring at least 100 feet of power cord to access electricity. Please notify us if you have special electrical needs or other requirements.

THERE IS NO PARKING IN THE IMMEDIATE FESTIVAL AREA. THERE IS NO WATER HOOK UP AVAILABLE

<u>If you are a food vendor and you use oil for cooking you MUST REMOVE and take with you the used oil</u>
<u>when you leave.</u> The HooleyTM officially begins promptly at 11:30AM with the opening ceremonies and will continue until 9:00PM. Booths are not allowed to be taken down until 9:00 PM

HooleyTM events will be photographed (both video and still) to develop promotional materials for future festivals. Vendor participation implies permission to use any images captured for festival purposes.

Thank you for your support.

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Ancient Order of Hibernians, Fr. Con Colbert Woulfe Division 1 Ulster County
P. O. Box 2026, Kingston, NY 12402
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website: www.ulsteraoh.com email: events@ulsteraoh.com