



**ANCIENT ORDER  
OF  
HIBERNIANS**  
IN AMERICA

**HOOLEY ON THE HUDSON XVII™  
SUNDAY—September 2, 2018-- NOON UNTIL NINE  
VENDOR APPLICATION**

**Applicant Name:** \_ (required) \_\_\_\_\_

**Business Name** \_ (required) \_\_\_\_\_

**Address:** \_ (required) \_\_\_\_\_

**Email Address:** \_ (required) \_\_\_\_\_

**Phones:** (required) (W)- \_\_\_\_\_ (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Fax) \_\_\_\_\_

**Auto Lic. Plate #** \_ (required) \_\_\_\_\_ **Make** \_ (required) \_\_\_\_\_

**Model** \_\_\_\_\_ **Year** \_\_\_\_\_

**\*NYS Vendor Lic. Or Tax Number:** \_\_ (required) \_\_\_\_\_

**Insurance Certificate naming the Ulster County AOH Div 1 and City of Kingston as co-insured must be on file for you to attend\* THIS IS REQUIRED\*\*\***

\*\*\*No refunds, exchanges, or transfers. In consideration of accepting this vendor application, I the undersigned, intending to be legally bound for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Ancient Order of Hibernians, the City of Kingston Parks and any Department, the City of Kingston, and any and all sponsors, and their representatives, successors and assigns for any and all injuries suffered by me in this event.

**Signature** \_\_\_\_\_

**\*\*Description of Items Offered for Sale:** \_ (required) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Booth Size:** \_\_\_\_ 10' by 10' @ \$300.00 each

**This charge includes the Booth Fee and City of Kingston Vendor Permit Fee**

**You must also complete the City of Kingston  
Vendor Permit see page 3**

If you have any questions, please call (845) 338 6622. Spaces are only sold in full 10' x 10' areas. You should calculate your required space and buy the required number of spaces you need. **No refund of any monies for space registration will be made after July 15, 2018**

**This is an Irish Event. Your booth must have respectful Irish items.**

For Festival Use Only

Application Received:

Space Required:

Space Assigned:

Ancient Order of Hibernians, Fr. Con Colbert Woulfe Division 1 Ulster County

P. O. Box 2026, Kingston, NY 12402

Tel: 845-338-6622

Fax: 845-338-0717

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



## NOTES

- \* NYS Vendor License or Tax Number and Insurance certificates must be submitted at time of application. \*
- \*\* The Hooley on the Hudson™ 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, **ALL** applications and payments must be received by July 15, 2018  
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: Hooley™)

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 UC Health Department\*\*\*\***

### 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**

**If you are a food vendor and you use oil for cooking you MUST REMOVE and take with you the used oil when you leave.** The Hooley™ 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

Hooley™ 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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# CITY OF KINGSTON

Steven T. Noble  
Mayor

Carly Winnie  
City Clerk



## City of Kingston Event Vendor Application

If food and/or merchandise vendors will be participating, a vendor application and \$40 fee must be submitted for each vendor

Name of Vendor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name of Event: \_\_\_\_\_ 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 \_\_\_\_\_
2. If applicant is employed list name and address of employer. Also list credentials establishing relationship  
\_\_\_\_\_
3. Applicant's drivers license # as issued by NYS Department of Motor Vehicle \_\_\_\_\_
4. If applicant proposes to operate a vehicle in connection with vending please describe applicable below :  

|               |   |
|---------------|---|
| Cart _____    | License # or other identification _____ |
| Vehicle _____ | License # or other identification _____ |
| Other _____   | License # or other identification _____ |
5. Description of goods, wares and merchandise desired to sell or the type of service applicant desires to perform and method of distribution. \_\_\_\_\_  
\_\_\_\_\_
6. 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: \_\_\_\_\_
7. New York State sales tax identification number or social security #: \_\_\_\_\_
8. It is the responsibility of the vendor to secure approval from the Ulster County Health Department to serve or sell food
9. No Alcohol may be served or sold without proper licensing through the New York State Liquor Authority
10. 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 application.

### **HOLD HARMLESS AGREEMENT (PURSUANT TO SECTION 61-5(F) OF THE CITY OF KINGSTON CODE**

It is hereby agreed and understood by and between \_\_\_\_\_, hereinafter referred to as "Vendor", and the City of Kingston, hereinafter referred to as the "City" that the "Vendor" or heirs, executors, administrators, successors and assigns agrees to hold harmless and indemnify the "City" from all actions cause of actions, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgements, extent, executions, claims, and demands whatsoever in law, admiralty or equity arising out of the "Vendor's" business within the City of Kingston.

Vendor Applicant (print name) \_\_\_\_\_

Vendor Applicant Signature \_\_\_\_\_

Dated: \_\_\_\_\_ day of \_\_\_\_\_ month, \_\_\_\_\_ year

The issuance of a "Vendor Permit" does not guarantee you a particular space. The City of Kingston and other groups, sponsor events in various locations throughout the City. It may be necessary for you to move your vending operation during these events if said operation interferes with the event.

Vendor Applicant (print name) \_\_\_\_\_

Vendor Applicant Signature \_\_\_\_\_