

# HOOLEY ON THE HUDSON XXIII<sup>TM</sup> SUNDAY—September 1, 2024-- NOON UNTIL NINE VENDOR APPLICATION—<u>CRAFT VENDORS</u>

Applicant Name: _ (required	)				
Business Name _(required) _					_
Address: _ (required)					
Email Address: _ (required)					
Email Address: _ (required) Phones: (required) (W)	(H)		_(Cell)	(Fax)	
Auto Lic. Plate #_(required)		Make_	(required)		
ModelYear_					
*NYS Vendor Lic. Or Tax	x Number: (re	equired)			
<b>Insurance Certificate nan</b>	ning the Ulster (	County AC	OH Div 1 an	d City of Kingston	as
co-insured must be on file transfers. In consideration of accepting this veradministrators, waive and release any and all I and any Department, the City of Kingston, and in this event.	ndor application, I the under ights and claims for damage I any and all sponsors, and t	rsigned, intending es I may have agair heir representative	to be legally bound fo nst the Ancient Orde	or myself, my heirs, executors and r of Hibernians, the City of Kings	d ston Parks
Signature**Description of Items Of					
Booth Size: 10' by 10	' @ \$200.00 eac s_X \$200.00 =			_	or Fee
					0
This charge includes					<u>e</u>
	CHECKS AR				
	OUNTY ANCII				
	D ANY CHECK				
You must also con	_	_			
AND obtain an Insura		_		•	r of
	and the City of				
If you have any questions, please					
calculate your required space and Fee. No refund of any monies f					naor
	ish Event. Your bo				
	For Fee	tival Use Onl	V		=
Application Received:	101103	a var Osc Om	J		
Space Required: Space Assigned:					



#### **NOTES**

- \* NYS Vendor License or Tax Number and Insurance certificates must be submitted at time of application. \*
- \*\* The Hooley on the Hudson<sup>TM</sup> 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 <u>July 6, 2024</u> 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<sup>TM</sup>) 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

Food vendors that use oil for cooking MUST REMOVE and take with you the used oil when you leave. The Hooley<sup>TM</sup> officially begins promptly at 11:30AM with the opening ceremonies and will continue until 9:00 PM. Booths are not allowed to be taken down until 9:00 PM

Hooley<sup>™</sup> 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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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Date Certificate Created

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

		g					
PRODUCER			CONTACT NAME:				
	ABC Insurance Agency				FAX (A/C, No):		
	123 Main Street		E-MAIL ADDRESS:				
	1	INSURER(S) AFFORDING COVERAGE			NAIC#		
	Anytown, US 11111		INSURER A:	XYZ Insurance Compa	<mark>any</mark>	Carrier Code	
INSURED			INSURER B:	XYZ Insurance Company	if applicable	Carrier Code	
	Vendor Name		INSURER C:	XYZ Insurance Company	if applicable	Carrier Code	
	Vendor Address		INSURER D :	XYZ Insurance Company	if applicable	Carrier Code	
			INSURER E :				
			INSURER F:				
COVEDA	CEC.	CEDTIFICATE NUMBER.		DEVICION	NIIMDED.		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMITS	•
LTR			INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	)
		CLAIMS-MADE OCCUR	- (Y) - (or) X			Dates must incis in force.	dicate policy	DAMAGE TO RENTED	\$ \$
A								MED EXP (Any one person)	\$
71					123456789			PERSONAL & ADV INJURY	\$
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
l		OTHER:							\$
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO		(123456789)		Dates must in is in force.	ndicate policy	BODILY INJURY (Per person)	\$
В		OWNED SCHEDULED AUTOS ONLY			123456789			BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY			120100705			PROPERTY DAMAGE (Per accident)	\$
								(	\$
		UMBRELLA LIAB OCCUR	E	123456789		Dates must indicate policy is in force.	EACH OCCURRENCE	\$	
C		EXCESS LIAB CLAIMS-MADE			123456789		ndicate policy	AGGREGATE	\$
		DED RETENTION\$							\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY		(123456789)	12215(700)	Dates must is in force.	indicate policy	PER OTH- STATUTE ER	
D	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mar	ndatory in NH)	, A		123430707			E.L. DISEASE - EA EMPLOYEE	\$
	DES	s, describe under CRIPTION OF OPERATIONS below				is in force.		E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Ancient Order of Hibernians Fr. Con Colbert Woulfe Div. 1 Ulster County, and the City of Kingston, are named as Additional Insured, with respect to the named insured operating as a vendor at the Hooley On The Hudson, in Kingston, NY on September 1, 2019 2019.

\*wording can be per carrier/agent guidelines, but must name both AOH and City of Kingston as Additional Insureds, and reference event.

CERTIFICATE HOLDER	CANCELLATION
Ancient Order of Hibernians  Fr. Con Colbert Woulfe Div. 1 Ulster County PO Box 2026	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Kingston, NY 12402	AUTHORIZED REPRESENTATIVE
	Signature of Agency or Company Representative



### **City of Kingston Event Vendor Application**

	Name of Vendor: _									
	Phone Number:		E-mail Address:							
	Name of Event:		Date of Event:							
1.	If applicant is employed list	name and address of en	nployer. Also list credentials	s establishing relationship						
2.	Applicant's drivers license	Applicant's drivers license # as issued by NYS Department of Motor Vehicle								
3.	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 i	dentification						
4.			ed to sell or the type of service	ee applicant desires to perform and method o						
5.	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:									
6.	New York State sales tax identification number or social security #:									
7.	It is the responsibility of the vendor to secure approval from the Ulster County Health Department to serve or sell food									
8.	No Alcohol may be served or sold without proper licensing through the New York State Liquor Authority									
9.	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 AGR	EEMENT (PURSUAN	T TO SECTION 61-5(F) C	OF THE CITY OF KINGSTON CODE						
"Veno and a count judge	dor", and the City of Kingston, assigns agrees to hold harmless as, reckonings, bonds, bills, spe	hereinafter referred to a and indemnify the "City cialties, covenants, cont	s the "City" that the "Vendor " from all actions cause of ac racts, controversies, agreeme	, hereinafter referred to as " or heirs, executors, administrators, success etions, suits, debts, dues, sums of money, acents, promises, variances, trespasses, damag uity arising out of the "Vendor's" business w						
Vend	or Applicant (print name)									
Vend	or Applicant Signature									
	Dated:	day of	month,	year						
vario	ssuance of a "Vendor Permit" d	loes not guarantee you a	particular space. The City of	Kingston and other groups, sponsor events operation during these events if said operation						
Vend	or Applicant (print name)									
Vand	or Applicant Signature									