



**HOOLEY ON THE HUDSON XXIV™**  
**SUNDAY—August 31, 2025-- NOON UNTIL NINE**  
**VENDOR APPLICATION—CRAFT VENDORS**

**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' @ \$200.00 each Plus \$50.00 for City of Kingston Vendor Fee

**# of Booths X \$200.00 = + \$50.00 = Total Payment**

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

**ALL CHECKS ARE MADE PAYABLE TO**

**ULSTER COUNTY ANCIENT ORDER OF HIBERNIANS**

**DO NOT SEND ANY CHECKS TO THE CITY OF KINGSTON**

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

**AND obtain an Insurance Certificate naming the Ulster County Ancient Order of Hibernians and the City of Kingston in order to participate**

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 and then add the City Vendor Fee. **No refund of any monies for space registration will be made after July 6, 2025**

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

For Festival Use Only

Application Received:

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™ 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 6, 2025**  
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**

**Food vendors that use oil for cooking 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 9:00 PM. 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



Elisa Tinti  
City Clerk

## City of Kingston Event Vendor Application

If food and/or merchandise vendors will be participating, a vendor application and \$50 fee must be submitted for each vendor

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

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

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

1. If applicant is employed list name and address of employer. Also list credentials establishing relationship  
\_\_\_\_\_
2. 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 identification \_\_\_\_\_
4. Description of goods, wares and merchandise desired to sell or the type of service applicant desires to perform and method of distribution. \_\_\_\_\_  
\_\_\_\_\_
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 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 \_\_\_\_\_



# 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).

<b>PRODUCER</b>  ABC Insurance Agency 123 Main Street Anytown, US 11111	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C. No. Ext):		<b>FAX</b> (A/C. No):
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b>  Vendor Name Vendor Address	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b>	XYZ Insurance Company	Carrier Code
	<b>INSURER B:</b>	XYZ Insurance Company if applicable	Carrier Code
	<b>INSURER C:</b>	XYZ Insurance Company if applicable	Carrier Code
	<b>INSURER D:</b>	XYZ Insurance Company if applicable	Carrier Code
	<b>INSURER E:</b> <b>INSURER F:</b>		

### 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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y or X	123456789			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			123456789			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			123456789			EACH OCCURRENCE \$ AGGREGATE \$ \$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N <input type="checkbox"/> N / A	123456789			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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 Kingston, NY 12402	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Signature of Agency or Company Representative
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