



HOOLEY ON THE HUDSON XX™
SUNDAY—September 5, 2021-- NOON UNTIL NINE
VENDOR APPLICATION—FOOD 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' @ \$260.00 each Plus \$40.00 for City of Kingston Vendor Fee
of Booths X \$260 = _____ + \$40.00 = _____ 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 10, 2021**

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 10, 2021**
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.

Page 2 of 5



City of Kingston Event Vendor Application

If food and/or merchandise vendors will be participating, a vendor application and 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 driver's 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, judgments, 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 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 _____

Ulster County Department of Health
Environmental Health Services
239 Golden Hill Lane
Kingston, NY 12401
(845) 340-3010

APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT

It is unlawful to operate any temporary food service establishment without a permit.

Name of Event: _____ Township of Event: _____

Address of Event: _____

Number of Event Operating Days: _____ (maximum 14 days per application/permit)

List each Date(s) of Operation: _____

Time food is to be served: Opening Time: _____ AM/PM Closing Time: _____ AM/PM

Name of Establishment: _____

Name of Operator: _____ Email: _____

Mailing Address: _____

Telephone Number: _____ FAX: _____ EIN: _____

Not-for-profit Operator: Yes _____ (Attach copy of proof of not-for-profit status) No _____

*The proper insurance forms (Workers' Comp/DB **OR** CE-200) **MUST** accompany this application or a permit will NOT be issued. Please refer to WC-DB Info at UlsterCountyNY.gov.*

Food to be served: _____

Food to be obtained from: _____

* Equipment to be used: _____

**The use of Polystyrene Foam Disposable Food Service Ware by Food Service Establishments is not permitted in Ulster County.*

Water Supply (Check One): Private: _____ *Sample Result Attached: Yes _____ No _____

Public: _____ Water System Name _____

** A satisfactory water sample during the same quarter of the year in which the event is operating must be submitted to the UCDOH or bottled water/bagged ice must be used.*

The Undersigned applicant has received, read, understands, and agrees to operate the temporary food service establishment in complete compliance with Ulster County Sanitary Code, Article VI. The permit to operate a Temporary Food Service Establishment will be issued upon the completion of a satisfactory Ulster County Department of Health inspection report.

Signature of individual operator or authorized official _____

Print name of person signing _____ Date _____

FOR OFFICE USE ONLY

Permit Recommended: Yes _____ No _____ By _____

Date of Issue: _____ Expiration Date: _____ Risk: Low Medium High (circle one)

Permit Conditions: Single Service. Foods listed on "Food to be served" line.



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).

PRODUCER <div style="background-color: yellow; padding: 2px;">ABC Insurance Agency 123 Main Street Anytown, US 11111</div>	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No): <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td style="width: 70%;">INSURER A: <div style="background-color: yellow; padding: 2px;">XYZ Insurance Company</div></td> <td style="width: 20%;"></td> <td style="text-align: center;">Carrier Code</td> </tr> <tr> <td>INSURER B: <div style="background-color: yellow; padding: 2px;">XYZ Insurance Company</div> if applicable</td> <td></td> <td style="text-align: center;">Carrier Code</td> </tr> <tr> <td>INSURER C: <div style="background-color: yellow; padding: 2px;">XYZ Insurance Company</div> if applicable</td> <td></td> <td style="text-align: center;">Carrier Code</td> </tr> <tr> <td>INSURER D: <div style="background-color: yellow; padding: 2px;">XYZ Insurance Company</div> if applicable</td> <td></td> <td style="text-align: center;">Carrier Code</td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: <div style="background-color: yellow; padding: 2px;">XYZ Insurance Company</div>		Carrier Code	INSURER B: <div style="background-color: yellow; padding: 2px;">XYZ Insurance Company</div> if applicable		Carrier Code	INSURER C: <div style="background-color: yellow; padding: 2px;">XYZ Insurance Company</div> if applicable		Carrier Code	INSURER D: <div style="background-color: yellow; padding: 2px;">XYZ Insurance Company</div> if applicable		Carrier Code	INSURER E:			INSURER F:		
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INSURER F:																						
INSURED <div style="background-color: yellow; padding: 2px;">Vendor Name Vendor Address</div>																						

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	COMMERCIAL GENERAL LIABILITY <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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			123456789			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$			
C	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			123456789			EACH OCCURRENCE \$ AGGREGATE \$ \$			
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	123456789			<table style="width: 100%;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">PER STATUTE</td> <td style="width: 20%; text-align: center;">OTHER</td> </tr> </table> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		PER STATUTE	OTHER
	PER STATUTE	OTHER								

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 <div style="background-color: yellow; padding: 2px;">Ancient Order of Hibernians Fr. Con Colbert Woulfe Div. 1 Ulster County PO Box 2026 Kingston, NY 12402</div>	CANCELLATION 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 <div style="background-color: yellow; padding: 2px;">Signature of Agency or Company Representative</div>
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