



SODUS CHAMBER OF COMMERCE
 PO BOX 82 - SODUS, NY 14551
 SODUSHARVESTFEST@GMAIL.COM
 (315) 310-1396



VENDOR APPLICATION

SEPTEMBER 30, 2023 9:00AM – 4:00PM

Business/Organization: _____

Contact Person: _____ Phone: (_____) _____

Address : _____
 (Street) (Town) (State) (Zip)

Email: _____

Tax Number (If Applicable): _____

TYPE OF BOOTH

- Craft Antique Business Non-Profit Food Farmer
- Vendor 10x10: \$45.00 Vendor 10x20: \$90.00
- Non-Profit: \$10.00 Main Street Business: NO FEE

THIS YEAR WE WILL BE DONATING \$10.00 OF EVERY VENDOR APPLICATION FEE TO MUCH LOVE INITIATIVE

Briefly describe your booth (types of product/types of food/services etc.): For example: I make seasonal wreaths, beaded bracelets, and holiday mesh wreaths.

We do not guarantee previous assigned spots - Please list any requests here.

FORM OF PAYMENT – MUST BE SUBMITTED WITH APPLICATION

- Cash Check Venmo

Make checks payable to: SODUS HARVEST FEST

Venmo Information: SODUS CHAMBER OF COMMERCE @HARVESTFEST

Signature: _____

Total Payment: \$ _____ Date: _____

By signing and returning this application, you agree to the rules and conditions as set forth on the following page.

ALL VENDORS MUST ATTACH A CERTIFICATE OF INSURANCE AND HARMLESS FORM WITH APPLICATION

HOW DID YOU HEAR ABOUT US: _____

(FACEBOOK, NEWSPAPER, RADIO STATION, FRIEND, ETC.)

RULES AND CONDITIONS

Please read the following. You must agree to and adhere to these regulations and conditions. Failure to comply will result in denial of event with NO refunds of money.

- All applications are on a first come/first served basis.
- Sodus Chamber of Commerce reserves the right to reject any application.
- We will do our best not to duplicate vendors.
- **All VENDORS** must submit a certificate of insurance to the Sodus Chamber listing the Sodus Chamber of Commerce and the Village of Sodus.
- **All food vendors need to submit a NYS Dept of Health, Geneva district ONLY, food permit with application. A home processor permit is not valid.**
- **All vendors cooking food must have a fire extinguisher in their booths.**
- **All food vendors/trucks must complete a Fire inspection from any fire marshal or code certified personnel. (This can be completed by anyone in the state – not just Wayne County)**
- We do not guarantee the same spot as last year. If you have a request, please state it on your application.
- Please bring the necessary equipment to hold down your booth. Stake downs are not allowed since booths are on pavement. All canopies/tents must be secured with at least 25lbs weights **per leg**.
- Pets are not allowed at this event.
- Collecting and reporting Wayne County NYS sales tax is the responsibility of each vendor.
- The Harvest Fest Committee reserves the right to remove objectionable material or pull vendor applications the day of the event without a refund. This is a family/community event.
- The Village of Sodus, Town of Sodus, Sodus Chamber of Commerce, and the Harvest Fest Committee will not be held responsible for lost, stolen, or broken items. They are also not responsible for any mishaps pertaining to the vendor's personal items, booth, and or products being sold.
- This is a rain or shine event. Refunds will not be given.
- Masks and sanitizer may be required depending on NYS protocols.
- **VENDORS ARE REQUIRED TO REMAIN ACTIVE FOR THE ENTIRE DURATION.** Vendors will not begin cleaning/breaking down their booths **AND/OR** leaving until 4:00pm.
- All vehicles must be in designated parking areas (off street) by 8:45am.

REQUIRED DOCUMENTS

- Certificate of Insurance – Food Vendors/Trucks
- Fire Inspection – Food Vendors/Trucks
- NYS Department of Health Food Permit – Food Vendors/Trucks

- **NOTARIZED** Sodus Harvest Festival 2023 Holds Harmless Agreement – ALL
(SEE ATTACHED PAGE)

- Liquor License – If Applicable

HOLDS HARMLESS AGREEMENT
SODUS HARVEST FESTIVAL 2023

_____ (Vendor Name) does hereby covenant and agree to defend, indemnify and hold harmless the Sodus Chamber of Commerce, the Town of Sodus, the Village of Sodus, and the Harvest Fest Committee from and against any and all liability, loss, damage, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage to the extent permissible by law, arising out of or in the connection with the actual or proposed use of property, facilities and/or services.

Vendor's Signature

Date

State of _____

County of _____

On the day of _____ in the year _____, before me, the undersigned notary public, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public