



# VENDOR/EXHIBITOR Contract

EVENT NAME		APPLICATION # (OFFICE USE ONLY)
EVENT DATE	DATE OF APPLICATION	DATE(S) OF LICENSE
NAME		DATE OF BIRTH <span style="float: right;">COPY OF DRIVER'S LICENSE</span>
ADDRESS		TELEPHONE NUMBER
		CELL PHONE
		EMAIL

**Company or person the applicant is working for:**

NAME	FEDERAL TAX CLASSIFICATION	STATE
TAX I.D. NUMBER	TELEPHONE	FAX
ADDRESS		LOCAL ADDRESS

**CAPACITY IN WHICH APPLICANT WILL ACT (SALESPERSON, TEAM MANAGER, ETC.)**

**PRODUCT OR SERVICES OFFERED**

PLEASE CHECK NEEDED ITEMS:

<input type="checkbox"/> TRAFFIC CONTROL	<input type="checkbox"/> EMS/FIRE	<input type="checkbox"/> STREET BARRICADES	<input type="checkbox"/> TRASH PICKUP
<input type="checkbox"/> PARKS FACILITIES	<input type="checkbox"/> SECURITY	<input type="checkbox"/> WATER HOOKUP	<input type="checkbox"/> ELECTRICAL HOOKUP

**If handling foodstuffs, attach current copy of food handler's permit. Attach a copy of brochure or advertising handouts.**

I, \_\_\_\_\_ **certify that the above information is true and correct to the best of my ability.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE SIGNED

Name: \_\_\_\_\_

Permit Number: \_\_\_\_\_

The purpose of this Contract is to provide the necessary information to all those involved such as Public Safety and our Street and Utility Departments to provide help a safe and quality environment during the event. The Town of Cicero Event Coordinator will review this application and forward it to the Cicero Town Council, if required, for approval or denial.

The Town of Cicero has entered into this contract with the undersigned Business Food Vendor, Beverage Vendor, misc. others ("Vendor") for vending space subject to the following conditions:

I. **AGREEMENT:** The Event Coordinator grants, and the Vendor accepts, the Contract conditions as issued, to use vending space designated by the Event Coordinator, for the Event Title and dates defined above.

Handlers Permit if food is being sold or distributed. The Vendor will abide by all rules and regulations required by the Hamilton County Health Department (HCHD). A Certified Food Handlers Permit is required as recognized by the HCHD. This Certified Food Handler Permit must be displayed at the event. Any questions please call the HCHD at 317-776-8500

the Event Coordinator through this contract. **NOTE: Location of Vending Space will be determined by location of Water availability.**

Check only one:

- I will need water hook-up
- I will not need water hook-up

II. **FEE:** Along with the Vendor Contract application, the Vendor will pay to the Town of Cicero a non-transferable fee based upon the following criteria.

1. **Single day events shall be \$15.00 per vendor space plus \$25.00 for utility hookup requested**
2. **Multiple day events shall be \$50.00 per vendor space, for up to a 5 days, plus \$50.00 for utility hookup requested.**

VI. **TRASH REMOVAL:**

The Vendor shall keep the booth space in a safe, clean and orderly condition and shall not permit any rubbish or refuse to accumulate outside the boundaries of the vending space. The Vendor will remove rubbish associated with the function of that particular vending permit site as directed by the event Coordinator. Leave the vending space the same as you found it.

IX. **ALCOHOLIC BEVERAGES:**

The Vendor will not bring or permit any of its employees/agents to bring any alcoholic beverages at the vending space unless the conditions outlined in X below are met. The decision of approval or denial of alcohol sales shall lie solely with the Cicero Town Council and will be judged according to the type, location, time and expected audience of the event.

III. **CERTIFICATE OF INSURANCE:** Along with the Vendor Contract Application, the Vendor will provide a Certificate of Insurance (One million dollar coverage) within 10 days that states the Town of Cicero, Indiana is listed as an additional co-insured, as required.

VII. **ELECTRICAL HOOK-UP:**

*Electrical hook-up is limited and not guaranteed.* Individual generators are advised. If a Vendor still requires electrical hookup for the use and operation of its vending space the Vendor must advise the Event Coordinator through this contract. **NOTE: Location of Vending Space will be determined by location of Electrical availability.** Fees for hookups are listed in item II of this contract.

X. **LIQUOR LIABILITY LICENSE:**

If alcohol sales are approved, a Liquor Liability License in the amount of one million dollars must be provided along with any necessary State and/or County permits in order to sell/distribute any alcoholic beverages at the vending space before the final permit is approved.

IV. **TIME FRAME:** The Vendor will be permitted to access the vending space on \_\_\_\_\_. The Vendor, together with its employees/agents, and property will vacate the vending space no later than \_\_\_\_\_. Any property(ies) not removed from the vending space at that time defined above, will be removed and disposed of at the Vendor's expense.

Check only one:

- I will need electrical hook-up \_\_\_\_\_110 or 220
- I will not need electrical hook-up

XI. **PERMIT ISSUED:**

All required information must in submitted two weeks before Event date defined above unless otherwise specified by the Event Coordinator. The Vendors Contract Application will be reviewed by the Event Coordinator. The Event Coordinator approve or deny the Vendor Contract Application and present it to the Cicero Town Council for review, if required. The Vendor's Permit will then be issued if approved.

V. **HAMILTON COUNTY HEALTH DEPARTMENT REGULATIONS:** Along with the Vendor Contract Application, the Vendor will provide a copy of a Food

VIII. **WATER HOOK-UP:**

*Water hook-up is limited and not guaranteed.* If Vendor still requires water hookup for the use and operation of its vending space, the Vendor must advise

Additional items not listed: \_\_\_\_\_

As the Vendor representative, I have completed and have provided the following required information. I understand that a Vending Permit will be issued upon approval of the Cicero Town Council, if required  
Mail to or Drop off all information required to: Town of Cicero, P.O. Box 650, 150 West Jackson Street, Cicero, IN 46034.

Include the following:

- Vendors Contract Application
- Fee amount as specified
- Certificate of Insurance
- Copy of Food Handlers permit; as required
- Liquor Liability License/ Permits; as required

(Certificate of Insurance, Food Handlers Permit, and Liquor Liability License/Permits can be faxed to (317) 984-5938 attention of the Clerk Treasurer)

This application for a \_\_\_\_\_

license is approved this date \_\_\_\_\_

by \_\_\_\_\_

License No. \_\_\_\_\_ Expires \_\_\_\_\_

Fee \$ \_\_\_\_\_ Paid by  Cash  Check \_\_\_\_\_

Approval by \_\_\_\_\_