



Fluvanna County Parks and Recreation

Vendor Contract

Deadline for signed application and payment is five (5) weeks prior to scheduled event.
Please return to Parks and Recreation by mail to P.O. Box 70 Palmyra, VA 22963.

Applicant's Name: _____ Business/Organization's Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Fax: _____ Cell: _____

E-mail: _____ Website: _____

Manager On Site Day of Event: _____ Cell Phone: _____

**Please notify the Parks Department immediately if any change is made in the above information.*

This VENDOR CONTRACT, entered into this ___ day of _____, 20__ by and between FLUVANNA COUNTY, VA., through the Department of Parks and Recreation, and _____, do hereby agree to the following rules set by the Department of Parks and Recreation, in operation of said Vendor Stand.

- 1) Vendor will be given the right and privileges to operate a vendor stand at this location: _____ for the _____ event on this date: _____.
- 2) Vendor agrees to pay the Department of Parks and Recreation for the vendor spot.
 \$35 (Non-food) \$50 (Food) \$25 Electricity Hook Up (County outlet if available)
- 3) A vendor is anyone who is serving, selling or sampling food, beverages or merchandise. Please note, any individual or organization cooking food on site to be sold to the general public on County property MUST obtain a permit through the Health Department 434-589-1960 and present a copy of endorsement with this application.
- 4) Vendor will provide a copy of Certificate of liability Insurance with Fluvanna County listed as the certificate holder and additionally insured. *(Available from your insurance carrier.)*
- 5) Vendor will submit a menu and price list for all food no later than four (4) weeks prior to this event. Vendor will also, at their own cost and expense, provide adequate cleanup of all litter in and around the vendor area. All litter collected shall be placed in trash cans located on the property.

Waiver of Liability

I hereby agree to all terms and conditions as specified on this application and understand that completion of this application does not constitute approval of the specified request(s) and that my request may be denied, and therefore I must contact the Fluvanna County Parks & Recreation office to verify the approval of my request. I also agree to pay all costs associated with any damage to any facilities, equipment, or other property (real or personal) owned by Fluvanna County Parks & Recreation as well as agreeing to indemnify, defend, and hold harmless the County, their officers, and their employees from any and all claims, liabilities, damages, attorney's fees and/or costs directly related to my use of the facilities.

Date _____ Signature _____

Office Use Only

Vendor Fee: \$ _____ Date Paid: _____ Staff Initials: _____ CK# _____

*501 (c) XX Non-Profit/Charitable Organizations – Subtract 50%

Copy of liability insurance with the County listed as an additional insurer: No Yes

Copy of Health Department Permit: No Yes