Caribbean Carnival Vendor Application
Saturday, August 13th 12:00 PM - 7:00 PM ET

VENDOR APPLICATION FORM

Dear Vendor: Please fill out all the required information as accurately as possible. Your submitted data will be reviewed by our Planning Committee and you will be contacted by email. Please read the requirements of your participation and you are invited to call or email with any questions you may have.

Requirements for Participation as a Vendor in the Caribbean Carnival

1. Vendor must be a registered business entity: LLC, Corporation or NYS DBA.
2. Vendors must have current insurance and name Seasoned Gives as the additionally insured.
3. No application will be approved until full payment is received. Any cancellations once approved will not be refunded. The event is open RAIN OR SHINE.
4. All vendors are 100% responsible for cleanup at the end of the event.
5. Event day will be Saturday, August 13th 12:00 PM - 7:00 PM ET
5. Vendors will be granted access to the site at 10:00 AM the morning of the event and must be completely set up by 12:00 PM. All vehicles must be parked outside of the area after setup. All vehicles can park in other areas of the street. Break down is at 7:00 PM and vendors must be open until that time. There will be no allowance for early breakdown or departure.
6. All vendors are responsible for attaining permits from their regulatory agency. Attach any applicable state and/or local licenses required for your business. Prepared food vendors and those selling taxable items must provide a copy of their NY State Sales Tax Authority certificate IN ADDITION TO ANY FOOD-PREPARATION LICENSES REQUIRED.
7. Permits (copies to be attached to your application) are required for all prepared foods and foods served to eat in the market. It is your responsibility to be in compliance. We are inspected by the Ulster County Health Department.
8. Vendors are expected to be civil and respectful to each other and to customers. The Organization (Seasoned Gives) reserves the right to dismiss a vendor for offensive behavior.
9. The fee for Product Vendors will be $100 and the fee for Food Vendors will be $250.
Company or Entity
Name:____________________________________________________________________

Full Mailing Address:
_______________________________________________________________________

Phone: _______________________________________________________________

Email: __________________________________________________________________

Contact Name : _______________________________________________

Position
Title:____________________________________________________________________

Service/Product Description:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

CHECK TYPE OF BOOTH:

Food Service:_________________________

Arts & Crafts: _________________________

Information/Service:_____________________

SET UP TYPE NEEDS: (check all that apply- limited availability)

☐ Electric ($30): _________________________________

☐ Tent ($30): _________________________________
Table/chair ($30): ______________________________

Other: _________________________________

Payment Type:

☐ Check (Please drop off/mail payment & application at 11 Lohmaier Lane Lake Katrine NY, 12449)

☐ Cash (Please drop off/mail payment & application at 11 Lohmaier Lane Lake Katrine NY, 12449)

☐ Credit Card (We will invoice you at the email provided)

TOTAL PAYMENT: $_________________________

CROSS PROMOTION. We are happy to promote you on our social platforms. If you are interested please answer the following questions below:

Email list: _________________________________

Website: _________________________________

Blog: _________________________________

E-Newsletter: ______________________________

Facebook: _______________________________

Twitter: ________________________________

Instagram: ______________________________

YouTube: ________________________________
FOOD VENDOR WAIVER OF LIABILITY Saturday, August 13th 12:00 PM - 7:00 PM ET

I, _______ ___________________ (print name) representing ____________________________________________
(print business name) do hereby agree to indemnify and hold harmless Seasoned Gives and
their representatives, employees, and officers from and against any and all losses arising from
or growing out of participation in the Caribbean Carnival, whether it be caused by the
negligence of myself, my agents, servants, employees, or otherwise. I understand that it is a
contractual obligation for me to carry liability insurance as a condition of having a space at the
Market. I agree to provide the Market with a Certificate of Liability Insurance evidencing
coverage of no less than One Million Dollars ($1,000,000.00) per occurrence in Combined
Single-Limit Bodily Injury, Property Damage insurance and Completed-Products liability, naming
as Specifically Designated Additional Insureds all of the following: Seasoned Gives.

By signing below you agree to adhere to all of the above information.

Signature: ____________________________________________________________

Business Name (please print): __________________________________________

Date: ___________________