



## PORTFEST 2015 CONCESSIONS VENDOR APPLICATION AND AGREEMENT

Agreement made this \_\_\_\_\_ day of \_\_\_\_\_, 2015 between Helping Enrich the Arts of Port Washington Inc. ("HEARTS") and \_\_\_\_\_ (hereinafter referred to as "Vendor")

### **CONTACT INFO:**

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

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Mobile Tel: \_\_\_\_\_

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

### **RATES:**

**Lead Concessions Vendor (20'x20')**: \$ 600

**Concessions Vendor (10'x10')**: \$ 350

See "[PortFest 2015 Music, Arts and Community Festival - Sponsor, Vendor & Exhibitor Information](#)" for vendor package details.

### **EXHIBITOR INFORMATION TO BE PROVIDED:**

**Tent/Canopy:** N/A

*\*Note: Tent/Canopy only provided to Platinum, Diamond, Premier & Presenting Sponsors | 10x10' Canopies are available online for \$69.99 and up*

**Furnishings:** # Tables \_\_\_\_\_ # Chairs \_\_\_\_\_

**Electric/Outlets (Purpose):** \_\_\_\_\_

**Water/Plumbing (Purpose):** \_\_\_\_\_

**Products/Services to be Provided:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance Certificate:** Vendor must provide a current insurance certificate evidencing General Liability insurance coverage including the PWUFSD as an additional named insured in compliance with the "Sample Insurance Agreement – Use of Facilities" information provided.

**Health Department Permit:** Vendor is responsible for obtaining all necessary vendor permits, paying all permit fees and meeting all stated food safety requirements of the Nassau County Health Department. Note that the application for a special event permit must be submitted to the Nassau County Health Department **at least five (5) business days** prior to the scheduled event.

**Tent Permit:** If Vendor will be providing a tent larger than 10'x10' they are responsible for providing flameproof certification and obtaining a tent permit from the Nassau County Fire Marshal.

**\*Artwork:** Advertisers must provide logo & display ad artwork in **.jpg, .pdf, or .gif format; min. + 300 dpi size** by **April 16, 2015**.

*\*See "[PortFest 2014 Advertiser Information](#)" for further advertising details*



**EVENT DETAILS:**

1. **Event Name:** PortFest 2015 Music, Arts and Community Festival
2. **Place of Engagement:** Schreiber South Field, One Campus Drive, Port Washington, NY 11050
3. **Date:** Saturday, May 16, 2015 (*Rain or Shine – No Refunds*)
4. **Hours of Engagement:** 11am to 5pm
5. **Time of Arrival:** Unloading by 9:00am; Set-Up by 10:00am; Breakdown & Cleanup by 6:00pm
6. **Exhibition Area:** HEARTS will provide designated areas and map of exhibitors. Sponsor/Exhibitor is responsible for clean up of exhibit area at the end of the festival.
7. **Equipment:** Sponsor/Exhibitor is responsible for any necessary labor, materials, supplies (e.g. fixtures, supplies, extension cords, tarps, ropes, staple guns, tie wraps etc.) that they may need to operate their exhibit.
8. **Tents:** Sponsor/Exhibitor shall provide tent/canopy up to 10' x 10' at their own discretion and expense. HEARTS can only provide tent/canopy to Platinum, Diamond, Premier & Presenting Sponsors as specified on the "*PortFest 2015 Music, Arts and Community Festival - Sponsor, Vendor & Exhibitor Information*" form.
9. **Furniture:** HEARTS shall provide Sponsor/Exhibitor with display table(s) and chair(s) to the extent possible as specified on the "*PortFest 2015 Music, Arts and Community Festival - Sponsor, Vendor & Exhibitor Information*" form.
10. **Fire Safety and Permits:** If Vendor will be performing any on-site cooking they will be responsible for all safety measures including cordoning off the area with caution tape, providing fire extinguisher, fire suppression blanket and water bucket.
11. **Health Safety and Permits:** Vendor is responsible for meeting all stated food safety requirements of the Nassau County Health Department and for obtaining all necessary permits and paying all necessary permit fees. An application for a special event permit must be submitted to the Nassau County Health Department *at least five (5) business days* prior to the scheduled event (i.e. *no later than May 10, 2015*). (For more information see: <http://www.nassaucountyny.gov/agencies/Health/FAQ/permits.html>)
12. **Beverage Restrictions:** Vendor understands that they are restricted from selling water, sports drinks or fruit juices, as PortFest organizers will provide these items. Vendor may provide carbonated beverages, iced tea and other hot and/or cold beverages. *Alcoholic beverages are prohibited on school grounds.*
13. **Cancellations:** No cancellations or refunds less than 30 days prior to the event.
14. **Payment:** Application and full payment of \$\_\_\_\_\_ is due upon signing by a deadline of **April 16, 2015**.

**IMPORTANT:** This form must be signed and returned by the stated deadline indicating your understanding of the application and agreement terms with full payment by **April 16, 2015** to prepare an event map and guarantee your placement at the festival and for a screening of your products to avoid excess duplications of food, beverages & merchandise, etc.

**Hold Harmless and Indemnity Clause:**

Vendor, its officers, members and employees shall, through the signing of this document by an authorized party or agent, indemnify, hold harmless and defend HEARTS of Port Washington, PortFest, Port Washington Union Free School District and, the towns of North Hempstead, Port Washington, their agents and employees from all liability, judgments, suits, costs and actions, including attorneys' fees and all costs of litigation of every kind and description brought or rendered against said parties as a result of loss, damage, or injury to persons (including death) or property by reason of any act or failure to act by the Vendor, its officers, members, and employees.

This constitutes the sole, complete and binding agreement between the parties hereto:

\_\_\_\_\_  
 Name of Representative for HEARTS/PortFest

\_\_\_\_\_  
 Signature of Representative for HEARTS/PortFest

\_\_\_\_\_  
 PO Box 1192

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Port Washington, NY 11050-1192

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 (516) 472-2699

\_\_\_\_\_  
 Main Telephone Number

\_\_\_\_\_  
 (516) 279-5727

\_\_\_\_\_  
 Fax Number

\_\_\_\_\_  
 Mobile Number

\_\_\_\_\_  
 Name of Sponsor/Exhibitor

\_\_\_\_\_  
 Signature of Representative for Sponsor/Exhibitor

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Main Telephone Number

\_\_\_\_\_  
 Fax Number

\_\_\_\_\_  
 Mobile Number