



FOOD VENDOR APPLICATION AND AGREEMENT

Name: _____

Mailing Address: _____

Daytime Phone: _____

Evening Phone: _____

Email Address: _____

Vendor's Pennsylvania Sales Tax License Number: _____

Brief Description of Vendor's food:

Describe Special Requirements:

CDC Guidelines will be enforced. This may mean a mask will be required for the day. We reserve the right to maintain a variety of vendors and will choose vendors to facilitate a show that will attract many visitors. Summer Jubilee staff reserves the right to dismiss any vendor that does not comply with our family event, for example inappropriate behavior or merchandise. This event is smoke-free, which includes all areas on the event grounds. Failure to respect these rules will result in not only being removed from the ground but will prohibit the vendor to participate in future years.

For further information or if you have any questions, please email us at: waynesborosummerjubilee@outlook.com

Certification: I hereby certify that I have read the rules, regulations, and terms set forth above and agree to them, and abide by them. I certify that the statements made in the foregoing application are true and correct to the best of my knowledge, information, and belief. I have enclosed the prescribed fee of \$200 to reserve a space and I have attached a Certificate of Liability Insurance to this application.

Print Name: _____

Signature: _____

Date: _____

Return the following: Application Fee Certificate of Insurance Menu

Return Address: Waynesboro Summer Jubilee 118 Wanlut St, Suite 111 Waynesboro PA 17268

FOOD VENDOR AGREEMENT

The Waynesboro Summer Jubilee Committee (“Committee”) and the Vendor identified below (“Vendor”) hereby agrees to the following arrangements for the 2024 Waynesboro Summer Jubilee (“Jubilee”), with the intent to be legally bound:

1. **Dates and times:** The Jubilee will be held on Thursday, July 4, 2024, from 7:00 am until 9 pm. Vendors will be permitted to set up Wednesday between 6:00 pm to 8:00 pm or Thursday after 5:30 am, done by 6:30 am. The Jubilee will be held rain or shine.
2. **Rental Arrangements:** Vendor agrees to pay the rental fee of \$200 for one space. Any additional spaces rented by the same Vendor, will be at the discounted rental fee of \$150. Fees are non-refundable. All Vendor spaces are approximately 15’ X 20’. Spaces will be assigned to Vendors on a first-come, first served basis, depending upon the date of receipt of payment and application. Fees should be paid by check made payable to the Summer Jubilee Committee; canceled checks will serve as a confirmation of acceptance of the vendor in the location of the Vendor’s space. Off-street parking will be provided for all vendors.
3. **Licenses:** Vendors promise to obtain all necessary licenses including, but not necessarily limited to, a valid Pennsylvania Sales Tax License. Vendors are reminded that Sales Tax licenses may be obtained by calling (717) 771-1306 and health licenses by calling (717) 346-3223 Ext. 141.
4. **Trash and Garbage:** The vendor will be expected to clean and properly dispose of debris and trash from Vendor’s space into the garbage area provided. The Committee will provide garbage removal from the venue.
5. **Food and Beverage Limitations:** The Committee in years past has tried to prevent duplication of food items. Due to public participation with the size of crowds we receive at this event, we have found that everyone can have a successful day even if some foods are duplicated by others. We as a committee will do our best not to have more than two vendors selling the same items. Therefore, we ask that you submit a menu with your application. The Committee must approve all menus. For information email waynesborosummerjubilee@outlook.com.
6. **Insurance:** Neither the Committee nor the WellSpan Hospital will provide insurance of any type for the Vendor. Vendor will be required to provide Vendor’s own public liability insurance in amounts of \$250,000 per person and \$1,000,000 per occurrence; food vendors will be required to submit a Certificate of Liability Insurance along with their application. In addition, by submitting an application, Vendor agrees to hold harmless and fully identify the Committee, and WellSpan Hospital, from and against any liability for injuries to person or property caused by Vendor’s own negligence or breach of conduct. Vendor will provide it’s own casualty insurance, as may be necessary, to protect Vendor’s own property.
7. **Application Deadline:** All applications and fees must be received by Monday, May 13, 2024.
8. **Acknowledgement and Understanding:** By submitting a signed application, Vendor acknowledges that Vendor has read the preceding terms and conditions, and understands them, agrees to them, and promises to abide by them.