

CAPTAIN REDBEARD'S FEAST

PIRATE FESTIVAL
ON HONEOYE LAKE
August 27, 2016

Vendor Application

Arrrrgh! So you've decided to join in with my krewe. Well, my buccaneer, fill out this parchment and I will decide where you will best fit the shores of Honeoye Lake for my arrival.

Business Name _____

Contact _____

Street _____

City _____ State _____ Zip Code _____

Phone Day () _____ Evening () _____ Cell () _____

Vendor Type (check one)

- | | |
|---|---|
| <input type="checkbox"/> Resale/retail merchandise or service | <input type="checkbox"/> Display/exhibit only |
| <input type="checkbox"/> Original goods (arts, crafts) | <input type="checkbox"/> Food concessions
(Must be in operation Saturday & Sunday) |

Proposed merchandise, product, food, or game (please detail)

_____ Photos – New Vendors Please (Will not be returned)

All Vendors must have the following:

- √ Tax ID#
- √ **Food vendors** to provide certificate of insurance with final application naming the Town of Richmond and Hearts, Captain Redbeard's Feast as additional insured's, including a hold harmless clause.
- √ Permit from Health Department for food vendors.

Number of spaces required. Minimum Deposit or Payment must accompany application.

- _____ 15' x 15' @ \$30.00 for arts, crafts, misc. \$40 after 8/15.
- _____ 15' x 20' @ \$40.00 for arts, crafts, misc. \$50 after 8/15.
- _____ 15' x 15' @ \$125.00 for food concession. \$175 after 8/15.
- _____ 15' x 20' @ \$150.00 for food concession. \$200 after 8/15.
- _____ \$10.00 *price reduction for 2 or more arts & craft spaces*
- _____ \$50.00 *price reduction for 2 or more food concession spaces*

Electric hook-up fee: (Must be paid in full at time of hook up)

- _____ \$5.00 additional charge per 20-amp, 120-vold circuit (max 2)
- _____ You must provide your own 100' gauge wire with an end to be plugged in.
- _____ **All Equipment is to be properly grounded and will be inspected.**

Payment Details:

1. Non food vendors reserving one space must pay in full at the time of application. 50% deposit for multiple spaces required with the application. Balance to be paid by 8/20
2. Food Vendors require a \$75.00 deposit with their applications. Balance paid by 8/20
3. Confirmation packet will be sent upon receipt of your application and corresponding payment. Includes map and location of space, parking passes & vendor passes. Only 2 passes per vendor will be given. Contact office for extra passes if more than 2 employees. All vendors must be set up by 9:30 am Sat. and remain open until 8 pm. No vehicles will be allowed into the festival site until the event closes. **No exceptions.** See Rules & Regulations for details.

Vendor Acknowledgement:

As an exhibitor and/or participant, I agree to the conditions and requirements set forth in the rules and regulations of this event. I agree that HEARTS Inc., Captain Redbeard's Feast/Committee, directors, employees, agents, volunteers and the Town of Richmond will be exempt from all liability for injury, property damage or loss which may arise in connection with my participation in the Captain Redbeard's Feast. I certify that the information I have provided is true and correct and that I have read and understand the rules and regulations as well as the general information in this application. Food Vendors: I understand that the NYS Health Department has specific requirements for special event food vendors and I will abide by those regulations. I also understand as a food vendor that I must carry an insurance liability policy and a hold harmless clause with the Town of Richmond and HEARTS Inc., Captain Redbeard's Feast as additional insured's. www.captainredbeardsfeast.com.
 For email contact: [aredbeardpirate@yahoo.com](mailto:redbeardpirate@yahoo.com). **PLEASE NOTE NEW WEB ADDRESS**

Signature _____ Date _____

Printed name _____

Make check or money order payable to: HEARTS, INC.

Please mail application and check/money order to: Captain Redbeard's Feast, PO Box 361, Honeoye, NY 14471

Redbeard's Official use:

Vendor Name: _____

Appl: rec. _____ Space# _____ Electric _____

Fee Paid\$ _____ Method of payment: Check # _____ MO# _____
Cash _____