

**CONCESSION / VENDOR
SALES AGREEMENT
INDEPENDENCE DAY CELEBRATION
WILLISTON, FLORIDA**

EVENT DATE: Thursday, July 3, 2014

Vendor Name: _____

Address: _____

City, State, and Zip: _____

Phone: _____

Fax, E-mail: _____

Please complete the attached form and return to:

Williston Area Chamber of Commerce

P.O. Box 369

Williston, FL 32696

Phone: 352-528-5552 Fax: 352-528-4342 E-mail: wcoc@willistonfl.com

All applicable applications MUST be accompanied by an insurance certificate

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SALES AGREEMENT
INDEPENDENCE DAY CELEBRATION
WILLISTON, FLORIDA**

EVENT DATE: Thursday, July 3, 2014

This agreement, entered into this ____ day of _____ 2014 by and between the **Williston Area Chamber of Commerce, Inc.** (the "Chamber") and _____ (the "Vendor");

WHEREAS, the **Chamber** does, in cooperation with the City of Williston, coordinate and sponsor an Independence Day Celebration located at the Williston Horseman's Park, 803 SW 19th Ave., Williston, Florida; and

NOW THEREFORE, in consideration of the mutual covenants and assurances herein contained, the **Chamber** and the **Vendor** do hereby agree as follows:

- 1) A valid certificate of insurance is required for any **Vendor** who sells, gives away or distributes food items, rides for children, or has live animals as part of their attraction. Any **Vendor** who meets these criteria must provide a certificate of insurance together with their complete application, or the application will be returned.
- 2) **Vendors** are responsible for the care and protection of their 20' x 20' exhibit area, including general cleanliness during and after the event, must provide their own displays (tents, tables, etc.) and are responsible for collecting any applicable sales taxes.
- 3) Once an application has been accepted, there will be no refund for cancellations, for any reason.
- 4) The Independence Day Celebration is a family-oriented event. No items shall be displayed, offered for sale, distributed or given away which may be deemed, at the Chamber's discretion, as inappropriate for children. Any item(s) determined as such may be subject to confiscation.
- 5) The **Chamber** agrees that the **Vendor** shall be allowed to sell its products at the Independence Day Celebration at the Williston Horseman's Park.

(1)

Initials of Vendor: _____

**CONCESSION / VENDOR
SALES AGREEMENT**

- 6) The **Chamber** does not grant exclusivity for any product or service, unless specifically stated herein.

- 7) The **Vendor** agrees to set up between the hours of 10:00 AM and 3:00 PM on Thursday, July 3, 2014 and move all vehicles to the Vendor Parking Area as required. (Unless prior arrangements are agreed upon in writing by the **Chamber**).

- 8) The **Vendor** acknowledges that the size of the booth space is 20' x 20' and that all display items, tables, tents and set-up are to remain within the allotted area. (**There will be NO walking through the park selling items.**)

- 9) The **Chamber** authorizes the **Vendor** to sell or to give away, and the **Vendor** agrees to sell or to give away **ONLY** the food and/or drink items or products listed below:

ITEMS

Initials of Vendor : _____

**CONCESSION / VENDOR
SALES AGREEMENT**

VENDOR FEES

10) CHECK AS APPROPRIATE:

_____	FOOD VENDOR / CHAMBER MEMBER	\$ 100.00
_____	BEVERAGES	\$ 50.00
_____	FOOD VENDOR / NON-CHAMBER MEMBER	\$125.00
_____	BEVERAGES	\$ 50.00
_____	NON FOOD VENDOR / NON-CHAMBER MEMBER	\$ 50.00
_____	NON-FOOD VENDOR / CHAMBER MEMBER	\$ 25.00
_____	NOT FOR PROFIT (CLUBS, CHURCHS ETC.)	\$20.00
_____	GOVERNMENTAL / INFORMATION ONLY (10' X 10' Space)	NO CHARGE

11) The **Vendor** agrees, for itself and on behalf of its members, to hold the **Chamber** and the **City of Williston** harmless for any damages due to any injury or loss suffered by any person in connection with any activity related to this agreement. The **Vendor** agrees to indemnify the **Chamber** and the **City of Williston** for any liability sustained by either the **Chamber** or the **City** for any injury or loss suffered by any person in connection with any activity related to this agreement.

WHEREFORE, the parties hereto have executed this agreement on the day above written.
WILLISTON AREA CHAMBER OF COMMERCE, INC., by:

VENDOR NAME: _____

BY: _____