EAST HAMPTON OLD HOME DAYS ASSOCIATION

FOOD VENDORS CONTRACT ~ JULY 10, 11, & 12, 2025

BEVIN PARK GROUNDS, CENTER SCHOOL, 7 SUMMIT STREET, EAST HAMPTON, CT 06424

PLEASE FILL IN ALL BLANKS

CONTRACTS MUST BE POSTMARKED BY MAY 31, 2025

FEE PAYMENTS MUST BE RECEIVED BY JUNE 10, 2025

ATTENTION: 2025 FIRST-TIME Food Booths: Linda Wallace, Chair, will contact you upon receipt of your contract as to whether or not there is room for your booth. This depends upon the type of food and if there are any spaces left. Do not send a check until your contract has been accepted. You will be contacted personally by phone.

| Print Contact Name: | Print On-site Conta | ct Name: | | | | | |
|---|---------------------------|-----------------------------|-----------------|--|--|--|--|
| Business Name or Organization: | | | | | | | |
| Address: Street | City | State | Zip | | | | |
| Business Telephone: | On-site Cell: | | | | | | |
| e-mail: | | | | | | | |
| Please check or fill in the appropriate lines: Nu | | | | | | | |
| | | | | | | | |
| ELECTRICITY: | | | ., | | | | |
| no electricity needed | | | and/or | | | | |
| 110-volt connection \$25 each 220-volt connection \$100 each | FED. NON-PROFIT (501 c 3) | EIN NUMBER | | | | | |
| 220-voit connection \$100 each | | | | | | | |
| FEE SCHEDULE: Please check one: | | | | | | | |
| Food vendor (for-profit) | \$500 | | | | | | |
| First Timer Food Vendor (for-profit) | | \$350 | | | | | |
| Food vendor (non-profit) | \$350 | | | | | | |
| First Timer Food Vendor (non-profit) | | \$200 | | | | | |
| REQUIRED: Footprint measurements of any addition booth, and type of vehicle: | | • | ration of your | | | | |
| REQUIRED, 1 st Timers: Please send 2-3 photos with contract to show examples of the menu to be sold. I HAVE READ THE FOOD BOOTH INFORMATION FOUND ON PAGES 1-7 AND UNDERSTAND IT IN FULL. I UNDERSTAND THAT THE | | | | | | | |
| POLICIES ARE STRICTLY ENFORCED. I HAVE READ AND AGREE TO THE TERMS OF THE OHDA REGULATIONS, FEES, AND OTHER | | | | | | | |
| INFORMATION THAT GOVERNS MY PENDING APPROVAL AS A VENDOR FOR OLD HOME DAYS ON JULY 10, 11, AND 12, 2025. I CERTIFY THAT I AM THE RESPONSIBLE PARTY AND WILL BE ONSITE DURING THE EVENT TO ENSURE PROPER PROCEDURES AND | | | | | | | |
| | WILL BE ONSITE DURING TH | IE EVENT TO ENSURE PROPER | PROCEDURES AND | | | | |
| CLEANLINESS. | Deint | | D-+- | | | | |
| | Print | | Jate | | | | |
| The location of the festivities will be held on the grounds of the Bevin Park, | | | | | | | |
| East Hampton Center School, 7 Summit Street, East Hampton, Connecticut NOTE: The Vendors Chair contact e-mail for 2025 Linda Wallace, is Vendors.EHOHD@aol.com | | | | | | | |
| Please register by mail or email by com | | | | | | | |
| r lease register by man or email by com | EHOHD.org | minuci (aiso iounu oinine a | tour website. J | | | | |
| EVT | DEMELV IMPORT | ANT II | | | | | |

COMPLETE and submit the Temporary Food License Application to the Chatham Health District IMMEDIATELY.

| For OHDA volunteer only: | Contract rec'd | Electricity | Elect | ricity fee \$ | B alance Due \$ |
|-------------------------------|----------------|----------------|------------|---------------|------------------------|
| Insurance certificate rec'd _ | Hold Harmless | contract rec'd | Check date | Check # | COMPLETE & PAID |
| | | | | | |

1. The application/contract is found on page one (1) of this document. You will be notified by e-mail regarding your acceptance by the Vendors and Booth Chair, Linda Wallace. Returning Food booths will generally be assigned to their usual location whereas any new food booth will be contacted by email or telephone call.

IMPORTANT DEADLINES ~ NEW POLICY:

The person in charge of the booth/vendor or canopy area must complete the official contract. The contract MUST be submitted to Linda Wallace, Vendors and Booths Chair at PO Box 124, Cobalt, CT 06414, or by e-mail to Vendors.EHOHD@aol.com BY May 31, 2025. NO contract will be accepted after Tuesday, June 10 (30 days before the first day of the Old Home Days event, July 11). This is also the required final date for food/beverage vendors to COMPLETE and submit the Temporary Food License Application to the Chatham Health District. The Temporary Food License Application must now be completed online: www.chathamhealth.org. There is a simple-to-follow Temporary Food License Application Guidebook which gives you step-by-step directions and includes a checklist. Do this now; do not wait; we lost a food booth last year because of submitting too late! Any questions can be directed to the Chatham Health Dept. personnel at:

Chatham Health Dept.

240 Middletown Avenue, Unit 123, East Hampton, CT 06424

Phone: (860) 365-0884 Fax: (860) 365-0885

SCHEDULE: Monday, Wednesday, Thursday 8:30 AM - 4:30 PM Tuesday 8:30 AM - 6:00 PM

Friday 8:30 AM - 12:00 PM

- 2. NEW 2025: A signed contract is required to reserve your booth space. This CONTRACT must be received on or before May 31, 2025, and the FEE balance is due June 10, 2025. No Exceptions!
- 3. **Tents /Canopies**: Vendors must provide their own professionally-made tents/ canopies, generally 10' x 10' or 10' x 20' per space. Tents or canopies must be adequately staked to the ground to avoid problems with wind and/or rain. All vendors must also provide their own chairs, tables, etc. Only space is provided by OHDA.
- 4. **Food Booths** must be set up by 4:00 PM on Thursday, July 10, 2025, for **Health and Fire Departments Inspections.** Set-up for Friday, July 11, 2025. Set-up for Saturday must be done by 9:00 AM. Due to the Saturday parade, many streets are closed and you will not have vehicle access to the grounds after 10:00 AM.
- 5. Any food booth can set up as early as Sunday, July 6th, the weekend before the Old Home Days Celebration at the risk of the owners/operators. Please contact Linda Wallace at 860-685-1361 (cell) to advise her that you will be setting up early. The earlier food booths set up, the better.

GENERAL REGULATIONS:

- 1. The festivities will be held rain or shine.
- 2. By partaking in the 2025 Old Home Days event, you agree to defend, indemnify, save, and hold OHDA harmless from any and all demands, liabilities, losses, costs, and claims, including reasonable attorney's fees associated with your participation in this year's festivities.
- 3. Any personnel/volunteers/vendors with undiagnosed fever, diarrhea, vomiting are prohibited from working 72 hours after they become symptomatic. If there are any questions regarding this, please contact Chatham Health District at 860-365-0884.
- 4. The Old Home Days Association (referred hereafter as "OHDA") has the exclusive right to sell soft drinks and water. No other vendors are permitted to sell liquid refreshments from their booths unless approved by OHDA.
- 5. All booths are working in conjunction with the OHDA and are under their supervision.
- 6. All Food Vendors are responsible for knowing, and must comply with all federal, state, and local statutes.
- 7. The OHDA is not responsible for any lost or stolen merchandise or other items.
- 8. Only the item(s) specified in this contract may be sold at your booth. No other items may be sold at any time.

- 9. Similar food vendors may be accepted, but the OHDA will attempt to be selective in the number of similar vendors. For example, there may be more than one vendor selling food with a chicken base (e.g., chicken tacos and fried chicken), a pork base and the like, or different types of fish products. Also, we would only have one ice cream booth but may have Italian Ice or a Smoothie booth, etc.
- 10. Any vendor observed selling or giving away any items not contracted with the OHDA may be asked to leave the grounds immediately. Should that arise, no refund will be provided.
- 11. No food booth vendor may sub-let their booth to another private party. This will be strictly enforced.
- 12. The OHDA reserves the right to inspect your booth at any time between set-up and take-down and at any time the OHDA receives a legitimate complaint(s), such legitimacy to be determined by the OHDA.
- 13. All Vendors are required to keep their area clean and free of hazards at all times. No vendor is permitted to leave or discard their trash, or cartons at their booth. All booth trash and trash from the vendor's activities must be removed by the vendor except for the public's trash accumulated in the trash cans provided for the public's use. OHDA will have volunteers remove trashcan contents as needed.
- 14. Vendors may not place items for display or sale out of their designated area or in any walkway or aisle. Aisles and walkways are to be always kept clear for customer traffic.
- 15. All vendors are required to have hand sanitizer at each booth.
- 16. **PETS**: No dogs or pets will be allowed on the premises of the Bevin Park (Center School) grounds unless the animal is a *registered companion or guide dog*. *Registered companions and guide dogs* are encouraged to attend but must wear their official vests. Owners must have a copy of permit for identification. This will be strictly enforced.
- 17. **OPERATION OF VENDOR SPACE:** Courtesy and politeness to the public is mandatory. OHDA patrons shall not be disturbed or hindered in any way by the vendors or their agents or subjected to offensive or obscene conduct or profane language. Any violation of these rules may result in immediate dismissal or cancellation of contract and removal of possessions from the vending space. No game, show, or sale of novelties shall be permitted at the vendor's area that does not meet with the approval of the OHDA. No vendor shall operate in a manner that presents a safety hazard or nuisance to the patrons or general public. If the OHDA deems that this directive is violated, the operation will be suspended until corrections are made to the satisfaction of the Management of the OHDA. False or misleading advertising by banner, word of mouth, or otherwise is prohibited.
- 18. **PROHIBITED ITEMS:** THE SALE OF FIREARMS, AMMUNITION, EXPLOSIVE MATERIALS, CHEMICALS, PORNOGRAPHIC or OFFENSIVE MATERIALS, LIVESTOCK, PETS, DRUGS OR DRUG PARAPHERNALIA, ALCOHOLIC BEVERAGES, FIREWORKS, PIERCING, SILLY STRING, OR ANY SERVICE THAT MAY BE DEEMED OFFENSIVE BY MANAGEMENT IS ADDITIONALLY STRICTLY PROHIBITED. MANAGEMENT RESERVES THE RIGHT TO HAVE ANY ITEM OR ITEMS REMOVED FROM SALE AT ITS SOLE DISCRETION.

Please note that the beverage (beer) booth on the property of the Airline Bicycle Shop (previously occupied by the East Hampton American Legion) is not located on the Old Home Days official grounds, and the East Hampton VFW Post 5095 is selling its beverages independently from the OHDA.

FOOD BOOTH REGULATIONS

- A copy of the CFPM or Temporary Event Training Certificate is required for the person in charge.
- 2. If your booth is for the preparing/serving of consumable (food/beverage) items, you are responsible for the temporary food license/complying with all requirements. This includes the license application, a food booth checklist, a temporary event log that lists all employees/volunteers, and any other requirements of the Chatham Health District.
- 3. A list of all employees/volunteers' names, addresses, and phone numbers. Dates and times of shifts worked, and duties are required by Chatham Health District. Please provide a copy for the Vendors and Booths Chair as well.
- 4. Only those items approved by the OHDA and the Chatham Health District will be permitted to be sold.
- 5. Please direct all questions regarding the food inspections and requirements to the Chatham Health Department at https://www.chathamhealth.org or by calling 860-365-0884.
- 6. No home-cooked foods or foods prepared in an unapproved facility are permitted.
- 7. Waste water or grease is **not permitted** to be disposed of on the ground or down a storm drain. Wastewater and grease containers will be provided for your use.

- 8. For personal hygiene of the personnel working at the food/beverage booth, effective hair restraints like a hat or hairnet are required. Clean outer clothes must include an apron. No exposed open wounds/cuts (must be properly bandaged).
- 9. All vendors are required to wear food-grade gloves when handling food and/or beverages.
- 10. It is suggested that each vendor appoint a different individual to handle money in the interest of health safety.
- 11. SMOKING is strictly prohibited inside any food booth.
- 12. All Food Safety requirements/regulations must be followed.

ELECTRICITY

- 1. If you request on your contract, your booth will be provided with one or more **110-volt service** (20-amp plug). The fee for this service connection and usage is \$25 for each 110-volt service for all 3 days.
- 2. If your booth requires **220-volt service**, you will be required to pay \$100 for each service connection.
- 3. Each booth must be equipped with a ground fault protector.
- 4. Any booth requiring special electrical hookups will have to contract with the site Electrician (name and contact information will be provided upon request). The OHDA will not be responsible for the cost of properly hooking up a booth. This request must be submitted by June 1, 2025. Failure to meet this deadline may result in no electricity being available and/or provided for your booth. If your booth has requested electricity, it will be in place by 4 PM on Thursday, July 10, 2025, barring any unforeseen circumstances.

FIRE MARSHALL REQUIREMENTS:

- 1. Per order of the East Hampton Fire Marshall, all **propane gas tanks and hoses** must be properly secured and will be inspected. All booths must have a properly working and inspected fire extinguisher. Open grills should be in open-air space.
- 2. Any questions regarding the above or of this nature should be directed to the East Hampton Fire Marshall at 860-267-0088 or firemarshall@easthamptonct.org.

FOOD BOOTH INSURANCE:

1. Food Booth Vendors are required to purchase, at their own expense, the insurance coverage identified below in an amount equal to or in excess of the policy limits stipulated. All Vendors agree to supply the OHDA with a valid Certificate of Insurance evidencing said insurance coverage and amounts with insurance companies that have an A.M. Best rating of B+ or better:

COMMERCIAL GENERAL LIABILITY INSURANCE

with the following minimum limits and extensions of coverage:

Personal Injury and Property Damage: \$1,000,000 per occurrence and \$2,000,000 aggregate **Coverage Extensions:** Premises/Operations CoverageBlanket Contractual Coverage

Products/Completed Operations CoverageBroad Form

Property Damage Coverage

COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE

with the following minimum limits and extensions of coverage:

Bodily Injury and Property damage: \$1,000,000 per occurrence and \$2,000,000 aggregate

2. The Vendor's liability policy must state that this insurance is primary and non-contributory. The Certificate of Insurance must be received by the OHDA on or before June 10, 2025.

| - | HIS CERTIFICATE IS ISSUED AS A | | | | | | S UPON THE CERTIFIC | 04/18/2022 CATE HOLDER. |
|------------------------------|---|--|--------------------------------------|-------------------------------|---|--|--|-------------------------------|
| TI Po | HIS CERTIFICATE DOES NOT AFFI OLICIES BELOW. THIS CERTIFICA UTHORIZED REPRESENTATIVE OF | RMATIVELY O TE OF INSURA R PRODUCER, | OR NEGATIV ANCE DOES AND THE C | PELY AM NOT CO ERTIFICA | END, EXTEND INSTITUTE A ATE HOLDER | OR ALTER 1 CONTRACT E | THE COVERAGE AFFO BETWEEN THE ISSUIN | ORDED BY THE G INSURER(S), |
| SI | MPORTANT: If the certificate holds ubject to the terms and conditions onfer rights to the certificate holds | of the policy, | certain polici | les may | | | | |
| RODU | | III ned or ado | ii endorsenie | CONTAC | T | | | |
| NODU | No. | - 6 | | NAME: PHONE | | | FAX | |
| YC | UR INSURANCE | COMP | ANY | (A/C, No, | , Ext): | | (A/C, No): | |
| | | | | E-MAIL ADDRES | S: | | | |
| | & ADDRESS | | | | INSL | URER(S) AFFORDS | NG COVERAGE | NAIC# |
| SURE | | | | INSURE | RA: | | | |
| | | | | INSURE | - | | | |
| | YOUR NAME | | | INSURE | RC: | | | |
| | & ADDRESS | | | INSURE | RD: | | | |
| | & ADDRESS | , | | INSURER | RE: | | | |
| | | | | INSURES | RF: | | | |
| CO | VERAGES CE | RTIFICATE N | UMBER: | | | REVIS | SION NUMBER: | |
| | | | | SHOWN M | | | | |
| | COMMERCIAL GENERAL LIABILITY | | | | - Allegaria () | | EACH OCCURRENCE | \$2,000,00 |
| | CLAIMS-MADE OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$300,00 |
| | General Liability | | | | | | MED EXP (Any one person) | \$10,00 |
| A | | | | | | | PERSONAL & ADV INJURY | \$2,000,00 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$4,000,00 |
| 1 | POLICY PRO- LOC OTHER: | | | | | | PRODUCTS - COMPJOP AGO | \$4,000,00 |
| _ | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT | \$1,000,00 |
| 1 | PARTONIONE LINDILITY | | | | | | (Ea accident) BODILY INJURY (Per person) | |
| | ANY AUTO | | | | | | | |
| В | ANY AUTO ALL OWNED SCHEDULED | | | | | | BODILY INJURY (Per acciden | 6) |
| В | ANY AUTO | | | | | | | (1) |
| В | ANY AUTO ALL OWNED SCHEDULED AUTOS A | | | | | | BODILY INJURY (Per socident PROPERTY DAMAGE (Per accident) | 0 |
| В | ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS HIRED NON-OWNED AUTOS AUTOS AUTOS OCCUR | | | | | | BODILY INJURY (Per socident PROPERTY DAMAGE (Per accident) EACH OCCURRENCE | 0 |
| В | ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED AUTOS AUTOS UMBRELLA LIAB OCCUR | | | | | | BODILY INJURY (Per socident PROPERTY DAMAGE (Per accident) | 0 |
| В | ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS HIRED NON-OWNED AUTOS AUTOS AUTOS OCCUR CLAIMS- MADE DED RETENTION \$ WORKERS COMPENSATION | | | | | | BODILY INJURY (Per eccident) PROPERTY DAMAGE [Per accident) EACH OCCURRENCE AGGREGATE [PER OTH- | |
| В | ANY AUTO ALL OWNED SCHEDULED AUTOS UMBRELLA LIAB OCCUR CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS LIABILITY | | | | | | BODILY INJURY (Per socident PROPERTY DAMAGE (Per socident) EACH OCCURRENCE AGGREGATE PER OTT STATUTE ER | |
| В | ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS AUTOS AUTOS AUTOS HIRED NON-OWNED AUTOS AUTOS UMBRELLA LIAB CLAIMS-MADE EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY ANY AND EMPLOYERS LIABILITY ANY PROPRIETORIPARTHERVEXECUTIVE | | | | | | BODILY INJURY (Per socident PROPERTY DAMAGE (Per socident) EACH OCCURRENCE AGGREGATE PER STATUTE ER ELL EACH ACCIDENT | 4- |
| В | ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS HIRED NON-OWNED AUTOS AUTOS AUTOS AUTOS CLAIMS MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETORPARTHER/EXECUTIVE OFFICERIMEMBER EXCLUDED? (Mandstory in NH) | | | | | | BODILY INJURY (Per eccident PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE PER STATUTE EL. EACH ACCIDENT EL. DISEASE -EA EMPLOYE | E E |
| В | ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS AUTOS HIRED NON-OWNED AUTOS AUTOS CLAIMS- LAUTOS AUTOS AUTOS CLAIMS- LAUTOS LIABILITY AUTOS COMPENSATION AND EMPLOYERS LIABILITY ANY YIN PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) I yes, dissolar under DESCRIPTION OF OPERATIONS below | | | | | | BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE PER STATUTE ER EL. EACH ACCIDENT EL. DISEASE - EA EMPLOYE EL. DISEASE - POLICY LIMIT | E F |
| A | ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS HIRED NON-OWNED AUTOS AUTOS AUTOS LUMBRELLA LIAB CLAIMS-MADE EXCESS LIAB CLAIMS-MADE DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTMER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below EMPLOYMENT PRACTICES LIABILITY | Α | | | | | BODILY INJURY (Per socidient PROPERTY DAMAGE (Per socident) EACH OCCURRENCE AGGREGATE PER OTD STATUTE ER EL. EACH ACCIDENT EL. DISEASE -EA EMPLOYE EL. DISEASE -POLICY LIMIT Each Claim Limit Aggregate Limit | |
| A DESC | ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS HIRED NON-OWNED AUTOS AUTOS AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY I yes, discribe under DESCRIPTION OF OPERATIONS below EMPLOYMENT PRACTICES LIABILITY CRIPTION OF OPERATIONS / VE | HRCLES (ACORD 1 | 01, Autolitional Re | ensarius Sch | redule, may be atta | uched if more spec | BODILY INJURY (Per socidient PROPERTY DAMAGE (Per socident) EACH OCCURRENCE AGGREGATE PER OTD STATUTE ER EL. EACH ACCIDENT EL. DISEASE -EA EMPLOYE EL. DISEASE -POLICY LIMIT Each Claim Limit Aggregate Limit | E |
| A DESC | ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS HIRED NON-OWNED AUTOS AUTOS AUTOS LUMBRELLA LIAB CLAIMS-MADE EXCESS LIAB CLAIMS-MADE DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTMER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below EMPLOYMENT PRACTICES LIABILITY | HICLES (ACORD 1 | 01, Additional Ro | eensastos Sch | | | BODILY INJURY (Per socidient PROPERTY DAMAGE (Per socident) EACH OCCURRENCE AGGREGATE PER OTD STATUTE ER EL. EACH ACCIDENT EL. DISEASE -EA EMPLOYE EL. DISEASE -POLICY LIMIT Each Claim Limit Aggregate Limit | E \$5,00 |
| A DESC | ANY AUTO ALL OWNED AUTOS AUTOS AUTOS HIRED NON-OWNED AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS CLAIME-MADE DED RETENTION \$ WORKERS COMPEWSATION AND EMPLOYERS LIABILITY ANY ANY I yes, describe under DESCRIPTION OF OPERATIONS below EMPLOYMENT PRACTICES LIABILITY CRIPTION OF OPERATIONS / VE PROPER LIABILITY CRIPTION OF OPERATIONS / OPERATIONS / VE PROPER LIABILITY CRIPTION OF OPERATIONS / LOCATIONS / VE PROPER LIABILITY CRIPTION OF OPERATIONS / LOCATIONS / VE PROPER LIABILITY CRIPTION OF OPERATIONS / LOCATIONS / VE PROPER LIABILITY CRIPTION OF OPERATIONS / LOCATIONS / VE PROPER LIABILITY CRIPTION OF OPERATIONS / LOCATIONS / VE PROPER LIABILITY CRIPTION OF OPERATIONS / LOCATIONS / VE PROPER LIABILITY CRIPTION OF OPERATIONS / LOCATIONS / VE PROPER LIABILITY CRIPTION OF OPERATIONS / LOCATIONS / VE PROPER LIABILITY CRIPTION OF OPERATIONS / LOCATIONS / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATIONS / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATIONS / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CR | HRCLES (ACORD 1 | 01, Additional Re | 1 | CANCELLA SHOULD ANY | ATION OF THE ABOV | BODILY INJURY (Per socident PROPERTY DAMAGE (Per socident) EACH OCCURRENCE AGGREGATE PER STATUTE ER. EL. EACH ACCIDENT EL. DISEASE - EA EMPLOYE EL. DISEASE - POLICY LIMIT AGGREGATE DESCRIBED POLICIES B required) | \$3,00 \$5,00 |
| A DESC | ANY AUTO ALL OWNED AUTOS AUTOS AUTOS HIRED NON-OWNED AUTOS HIRED NON-OWNED AUTOS AUTOS AUTOS AUTOS AUTOS CLAIMS MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETORYPARTHER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below EMPLOYMENT PRACTICES LIABILITY CRIPTION OF OPERATIONS / LOCATIONS / VEC SEE USUAL to the Insured's Operations. RTIFICATE HOLDER | | 01, Additional Ro | 1 | CANCELLA SHOULD ANY BEFORE THE E | ATION OF THE ABOV XPIRATION DATE | BODILY INJURY (Per socident PROPERTY DAMAGE (Per socident) EACH OCCURRENCE AGGREGATE PER OTD STATUTE ER EL EACH ACCIDENT EL DISEASE -EA EMPLOYE EL DISEASE - POLICY LIMIT Aggregate Limit a te required) E DESCRIBED POLICIES ET THEREOF, NOTICE WI | \$5,00 \$5,00 |
| A DESC | ANY AUTO ALL OWNED AUTOS AUTOS AUTOS HIRED NON-OWNED AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS CLAIME-MADE DED RETENTION \$ WORKERS COMPEWSATION AND EMPLOYERS LIABILITY ANY ANY I yes, describe under DESCRIPTION OF OPERATIONS below EMPLOYMENT PRACTICES LIABILITY CRIPTION OF OPERATIONS / VE PROPER LIABILITY CRIPTION OF OPERATIONS / OPERATIONS / VE PROPER LIABILITY CRIPTION OF OPERATIONS / LOCATIONS / VE PROPER LIABILITY CRIPTION OF OPERATIONS / LOCATIONS / VE PROPER LIABILITY CRIPTION OF OPERATIONS / LOCATIONS / VE PROPER LIABILITY CRIPTION OF OPERATIONS / LOCATIONS / VE PROPER LIABILITY CRIPTION OF OPERATIONS / LOCATIONS / VE PROPER LIABILITY CRIPTION OF OPERATIONS / LOCATIONS / VE PROPER LIABILITY CRIPTION OF OPERATIONS / LOCATIONS / VE PROPER LIABILITY CRIPTION OF OPERATIONS / LOCATIONS / VE PROPER LIABILITY CRIPTION OF OPERATIONS / LOCATIONS / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATIONS / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATIONS / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CRIPTION OF OPERATION / LOCATION / VE PROPER LIABILITY CR | cation, | 01, Additional Ro | | CANCELLA SHOULD ANY BEFORE THE E | ATION OF THE ABOV XPIRATION DATE E WITH THE PO | BODILY INJURY (Per socident PROPERTY DAMAGE (Per socident) EACH OCCURRENCE AGGREGATE PER STATUTE ER. EL. EACH ACCIDENT EL. DISEASE - EA EMPLOYE EL. DISEASE - POLICY LIMIT AGGREGATE DESCRIBED POLICIES B required) | \$3,00 \$5,00 |
| A DESCRIPTION OF THE EAST PO | ANY AUTO ALL OWNED AUTOS AUTOS AUTOS HIRED NON-OWNED AUTOS LUMBRELLA LIAB CCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY AVY PROPRIETOR/PARTMER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below EMPLOYMENT PRACTICES LIABILITY CRIPTION OF OPERATIONS / VECSE USUAL TO THE INSURED CONTROL OF THE | cation, | 01, Additional Re | | CANCELLA BHOULD ANY BEFORE THE E N ACCORDANG | ATION OF THE ABOV XPIRATION DATE E WITH THE PO | BODILY INJURY (Per socident PROPERTY DAMAGE (Per socident) EACH OCCURRENCE AGGREGATE PER OTD STATUTE ER EL EACH ACCIDENT EL DISEASE -EA EMPLOYE EL DISEASE - POLICY LIMIT Aggregate Limit a te required) E DESCRIBED POLICIES ET THEREOF, NOTICE WI | \$5,00 \$5,00 |
| A DESCRIPTION OF THE EAST PO | ANY AUTO ALL OWNED AUTOS AUTOS AUTOS HIRED NON-OWNED AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS CLAIMS- MADE DED RETENTION \$ WORKERS COMPERSTION AND EMPLOYERS LIABILITY ANY PROPRETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below EMPLOYMENT PRACTICES LIABILITY CRIPTION OF OPERATIONS / VIENSE USUAL TO THE HOLDER TIFICATE HOLDER TOWN of East Hampton, e East Hampton Board of Educe t Hampton Old Home Days Co | cation, | 01, Additional Ro | | CANCELLA BHOULD ANY BEFORE THE E N ACCORDANG | ATION OF THE ABOV XPIRATION DATE E WITH THE PO | BODILY INJURY (Per socident PROPERTY DAMAGE (Per socident) EACH OCCURRENCE AGGREGATE PER OTD STATUTE ER EL EACH ACCIDENT EL DISEASE -EA EMPLOYE EL DISEASE - POLICY LIMIT Aggregate Limit a te required) E DESCRIBED POLICIES ET THEREOF, NOTICE WI | \$5,00 \$5,00 |

THE **CERTIFICATE OF INSURANCE** MUST SHOW \$2,000,000 of general liability and auto liability coverage. The certificate of insurance must show holders: The <u>Town of East Hampton</u>, the <u>East Hampton Board of Education</u>, and the <u>East Hampton Old Home Days Association</u>, PO Box 213, East Hampton, CT 06424 as the insured. This is required of all Food booths. Use the sample insurance form on this page to be sure the information is correct.

NOTE: Please mail to Linda Wallace, PO Box 124, Cobalt, CT 06414. Vendor is responsible for carrying the appropriate insurance for their business and is responsible for carrying the appropriate licensing for their business. Vendors are responsible to collect and report the appropriate sales tax where applicable.

3. **DAMAGE-LOSS-INJURY-** All reasonable precautions against damage, loss, or injury by fire, water, storm, strikes, or Acts of God will be provided. **The OHDA DOES NOT insure nor does it assume any liability for the safety or property from theft, damage, injury, or vandalism**. Each vendor shall secure all valuable materials or merchandise during the OHDA hours of operation and then remove all materials by the end of the operation. The OHDA's insurance policy does not cover the liabilities of vendors/ exhibitors. Leaving any food, valuables, materials, and the like overnight is at the operator's own risk. The OHDA is not responsible for any items left overnight. Security is only provided on Thursday and Friday nights.

CONTRACT & FEES:

OHDA Food Booth FEE SCHEDULE can be found on the contract on page 1 of this document.

- 1. Contract (page 1) with electricity needs are due by May 31, 2025. All payments are non-refundable and are due no later than June 10, 2025. PLEASE NOTE: All payments must be made by check.
- 2. Previous food booth vendors will most likely be placed in their previous locations; however, this is not a guarantee due to the number of booths and other grounds considerations.
- 3. Only one (1) food vendor per booth; there is no space-sharing permitted. Spaces will be approximately $10' \times 10' \text{ or } 10' \times 20'$.
- 4. Only professionally made tents/canopies, trucks will be allowed; they are **mandatory**. Canopies/tents must remain inside your marked space. Your canopy/tent, items, boxes, etc., must remain inside your assigned space.
- 5. **Footprint Area Required**: If bringing a truck, trailer, or the like, the measurement of the footprint area must be included in the contract. This will help the chair know how to place the operation of your booth for the best location according to the size of your vehicle, truck, trailer, or the like.
- 6. No refunds will be given once the OHDA accepts the contract and fees.
- 7. Please remit your liability insurance certificate prior to June 10, 2025. Failure to meet this deadline may result in losing your space. We operate on a space-available basis and reserve the right to limit the number of similar food, product, and service vendors. You can send proof of liability insurance by email or by snail mail. If sending by snail mail, please send to:

East Hampton Old Home Days Association, c/o Linda Wallace, PO Box 124, Cobalt, CT 06414

CANCELLATION – It is mutually understood and agreed that in the event of fire, windstorm, Act of God, Act of War, or Public Authority, riot, accident, strike, scarcity of energy, virus pandemic, or any disaster beyond the control or power of either party, preventing the holding of the OHDA festivities in full or part, neither party shall hold the other liable for damages of any kind.

PARKING

- 1. Please note that all vehicles must be off the grounds during the festivities. Limited parking spots will be available to supply food booth vehicles. Food vendors are obligated to remain on the grounds until the event's closing time, but you will not be able to bring additional vehicles onto the grounds until after the festival closes. Keep in mind that the grounds are generally inactive on Saturday until after the parade ends at about 12:30-1:00 PM, but vendors are free to open anytime in the morning.
- 2. Additional parking will be available at the Chatham Museum (on Bevins Blvd) for a nominal fee.

The Old Home Days Association hopes that all our merchandise and food vendors have a successful operation during "The Salute to Small Business" 2025, "Glorious Gelebration".

For answers to any questions, please contact:

This contract has been revised: May 10, 2025.

EAST HAMPTON OLD HOME DAYS ASSOCIATION TOWN OF EAST HAMPTON, CONNECTICUT

HOLD HARMLESS AGREEMENT

(For all food booth operators)

| Date(s) of use: July, 2025 to July | _, 2025 (Use setup date through take d | own date) |
|--|--|---|
| This Hold Harmless Agreement must be consciously grounds, located at or adjacent to Home Days" events, (the premises). | , , , , , , | |
| PLEASE PRINT: | | |
| Applicant, | ne Town of East Hampton and its officers ers, agents, and employees, and the East om and against any and all liabilities, act but not limited to attorney fees) arising ng the appropriate insurance for their b | s, agents, and employees, the East st Hampton Old Home Days Association tions, claims, damages, losses, tout of injuries to any person, part |
| The vendor is responsible for carrying the appropriate licensing for their business. The Hampton Board of Education does not cainjuries, and material, for their business. | The Old Home Days Association, the Tov | vn of East Hampton, and the East |
| (Please fill in all spaces) | | |
| Business Name: | | |
| Contact Information: Name: | | |
| Address: | | |
| | Cell: | |
| Do you carry appropriate insurance as de | scribed in above paragraph beginning w | ith the word: Applicant? |
| Yes No | | |
| If you carry appropriate insurance, name | and address of insurance company: | |
| Insurance Company | Address | |
| Policy Number | Dates in effect | |
| Applicant's Signature | Print | Date: |