

TIP UP TOWN USA 2025

MERCHANDISE VENDOR REGISTRATION FORM

This is a 3 day event. DO NOT APPLY if you cannot attend all 3 days

Friday before event (set up only) Noon-4pm, Saturday Noon – 4pm, Sunday Noon – 4pm, Saturday Noon – 4pm

Name of business:	
Mailing Address:	
City:	
Contact Name:	Phone:
E-mail:	
Emergency Contact & Phone:	
Size of trailer or booth:	
Merchandise Description:	
Fee \$200.00 – Outdoors Jan. 18-19, 2025	& Jan. 25, 2025 (Saturday Only)
Fee \$250.00 – Inside Tent Jan. 18-19, 2025	& Jan. 25, 2025 (Saturday Only)
Limited spaces please res	pond ASAP
Payable by credit card or check (credit card charges	can be done by phone 989-366-5644)
Make checks payable to (Houghton Lake Chamber of Com	nmerce) Amt Pd check #
Credit Card number	
Expiration Date/ Three digit Security cod	
Signature	

50% Deposit Due By October 15, 2024 Balance Due by December 12, 2024 (no payments on-sight or upon entry)

Send payments to:

Houghton Lake Chamber of Commerce 1625 W. Houghton Lake Dr. Houghton Lake, MI 48629 989-366-5644 Fax: 989-366-9472 email: hlcc@houghtonlakechamber.org



TIP-UP TOWN USA 2026

September 2025

Dear Vendor:

Due to the high volume of requests for vendor spots at Tip-Up Town 2025 we are sending this registration form to you early in order to provide you with the chance to reserve your spot. The dates for 2025 will be January 24th – 25th and January 31st 2026 Saturday only. No 2nd Sunday.

Vendors are required to be open on Saturday and Sunday the first weekend. The 2nd weekend is SATURDAY ONLY (NO SUNDAY)

Your check-in is at the Chamber Office by 4pm Friday Jan. 23rd (1625 W. Houghton Lake Dr. Houghton Lake, MI 48629) You must stop to pick up your vendor package and be shown your spot assignment. You will not be allowed to enter the site without completing this process.

YOU MUST ARRIVE AND SET-UP AT THE TUT SITE NO LATER THAN FRIDAY AT 5:00 P.M.

Each outdoor spot will be 10×20 . If you require a larger space there will be an additional \$50 charge. Please indicate on the registration form what size spot you need. The space available is limited so we are asking that you try to keep your area as contained as much as possible.

You will be required to break down all your cardboard boxes and place them in a specially designated recycling container. This will help both the environment and in keeping the cost of waste removal to a minimum. We appreciate your efforts in assisting with this.

Please return the completed registration form & your Certificate of Liability Insurance along with your 50% deposit to the Chamber no later than October 15, 2025. If we have not received your registration by that date we will be contacting the vendors on our waiting list to fill your spot.

We hope your Tip-Up Town 2025 experience is positive and that you will plan to be with us again in 2027!

With personal service,

Jay Jacobs Executive Director

2026 Tip-Up Town USA

ATTENTION PLEASE NOTE:

AFTER DECEMBER 12, 2025 - NO VENDORS will be allowed to reserve a spot at Tip-Up Town USA!!!

Tip-Up Town USA takes place on land owned by the State of Michigan Department of Natural Resources.

Due to new Requirements set by the State of Michigan all Vendor information including your Certificates of Liability Insurance listing the State of Michigan & the Houghton Lake Chamber of Commerce as additional insured. The C of L must have the wording exactly as listed on the samples of Certificate of Liability Insurance included in this packet.

If you do not have your information submitted to us by **December 12, 2025** you will **NOT** be allowed to participate in Tip-Up Town USA.

Please get your information to us as soon as possible. We would hate for you to miss out on being a Tip-Up Town USA 2026 vendor!

Thank you for your cooperation.

Houghton Lake Chamber of Commerce Tip-Up Town USA

GERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW, THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S) AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s). PHONE (A/C, No, Ext): Y E-MAIL FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A ; ACE American Insurance Company (CHUBB) INSURED 22667 INSURER B: INSURER C: INSURER D: INSURER E : INSURER F: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY RECUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$1,000,000 CLAIMS-MADE X SECUR DAMAGE TO RENTED PREMISES (Ea occurrence) s300,000 MED EXP (Any one person) SEXCLUDED PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: \$1,000,000 PRO-JECT GENERAL AGGREGATE \$2,000,000 POLICY PRODUCTS - COMP/OP AGG \$2,000,000 OTHER: AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) HIRED AUTOS ONLY PROPERTY DAMAGE (Per accident) UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT (Mandatory In NH) E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required) Tip-Up Town USA January 24-25, 2026 & January 31, 2026 CERTIFICATE HOLDER CANCELLATION (989)-366-5644 (989)-366-9472 FAX SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN **Houghton Lake Chamber of Commerce** ACCORDANCE WITH THE POLICY PROVISIONS. 1625 W. Houghton Lake Dr. AUTHORIZED DEDGECOUTATION

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Houghton Lake, MI 48629

CERTIFICATE NUMBER:

Client#: 4329

REVISION NUMBER:

PROPERTY DAMAGE (Per accident)

EACH OCCURRENCE

AGGREGATE

STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE S

E.L. DISEASE - POLICY LIMIT

COVERAGES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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> INSURER D : INSURER E : INSURER F:

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder, The State of Michigan, its departments, divisions, agencies, commissions, officers, employees and agents and Houghton Lake Chamber of Commerce are additional insured with respect to general liability when required by written contract. Subject to policy terms, conditions, endorsements & exclusions. Tip-Up Town USA January 24-25, 2026 & January 31, 2026

CERTIFICATE HOLDER

UMBRELLA LIAS

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

RETENTION \$

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

EXCESS LIAB

DED

(Mandatory in NH)

The State of Michigan, it's departments, Board of Agencies 11747 North Higgins Lake Drive , Roscommon, MI 48653

OCCUR

CLAIMS-MADE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED DESDESENTATIVE

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