

TIP UP TOWN USA 2026

FOOD 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:State:Zip:	
Contact Name:Phone:	
E-mail:	
Emergency Contact & Phone:	
Size of trailer or booth:(cann	not exceed 20ft.)
FOOD MENU:	
Fee \$200.00 – Outdoors Jan. 24-25, 2026 & Jan. 31, 2026 (S	aturday Only)
Fee \$250.00 – Inside Tent Jan. 24-25, 2026 & Jan. 31, 2026 (Sa	turday Only)
Limited spaces please respond ASAP Payable by credit card or check (credit card charges can be done by phone 989)	9-366-5644)
Make checks payable to (Houghton Lake Chamber of Commerce) Amt Pd che	eck #
Credit Card number	
Expiration Date / Three digit Security code Zip Code	
Signature	

50% Deposit Due by October 15, 2025 Balance due by December 12, 2025 (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 2**nd 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 x 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

 $ACORD_n$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DDFCTCT)

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMA	MATTER O	E MEORMATION ONLY	AMD CONTES	(3.1.5	Plotter :	e ne u 3	6/13	1/2022
BELOW, THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER.	URANCE DO	DES NOT CONSTITUTE	A CONTRACT	BETV	VEEN THE R	AGE AFFORDED BY TH SSUING INSURER(S) A	TE POLIC UTHORI	CIES ZED
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subjethis certificate does not confer any reproduces.	r Is an ADDI	TIONAL INSURED, the po	olicy(les) mus	t hav	ADDITION.			
PRODUCER	ignis to the	certificate holder in lieu	or addit elido	rsem	ent(s).	and the same of th		rant on
			CONTACT NAME: PHONE		w _/,	1.1		
			PHONE (A/C, No, Ext): - E-MAIL ADDRESS:		والالالمناهد فيدات	FAX (A/G, N	0):	
			ADDRESS:		,			
			INCHOSO A A	CE An	INSURER(S)	AFFORDING COVERAGE		. NAIC#
INSURED			INSURER A : ACE American Insurance Company (CHUBB)					22667
			INSURER C:		×			
			INSURER D :					
			INSURER E:					-
			INSURER F:					-
OVERAGES CE	RTIFICATE	NUMBER:		-		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	PERTAIN, T H POLICIES.	HE MUNICIPALION ASSESSED	D BY THE POL VE BEEN REDU	ICIES	DESCRIBED BY PAID CLA	COMENT WITH RESPECT	E POLIC TO WH ALL THE	Y PERIOD ICH THIS E TERMS,
RYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	ADDL SUBR	POLICY NUMBER	POLICY (MM/DDI	YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS	
A Company of the Comp						EACH OCCURRENCE	\$1,00	0.000
CLAIMS-MADE K UCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	s300,	-
	-				3	MED EXP (Any one person)	SEXC	LUDED
GEN'L AGGREGATE LIMIT APPLIES PER:	-				į.	PERSONAL & ADV INJURY	\$1,000	0,000
POLICY PRO-						GENERAL AGGREGATE	\$2,000	0,000,0
OTHER:			1	- 1		PRODUCTS - COMP/OP AGG	\$2,000	0,000
AUTOMOBILE LIABILITY	1-1-1					COMBINED SINGLE LIMIT	S	The same of the sa
OTUA YMA			1	1	l l	COMBINED SINGLE LIMIT (Ea accident)	\$	
OWNED SCHEDULED AUTOS ONLY AUTOS				- 1		BODILY INJURY (Per person)	\$	
HIRED NON-OWNED AUTOS ONLY				1	of the second	BODILY INJURY (Per accident) PROPERTY DAMAGE	-	
			120			(Per accident)	\$	
UMBRELLA LIAB OCCUR				\neg		EACH OCCURRENCE	5	
EXCESS LIAS CLAIMS-MADE	1 1 1			- 1		AGGREGATE	\$	
DED RETENTION S WORKERS COMPENSATION					Ì	AGGILLATE	\$	-
AND EMPLOYERS' LIABILITY		-5405-5				PER OTH-		
OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	5	
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE		
DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s	
							1	
RIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (ACORD 10	1, Additional Remarks Schadule	, may be attached	if more	space is requir	ed)	-	AN AND AND ADDRESS OF THE PARTY
ificate holder.			7		- Prince to todain	-		
in-Un Town USA	lance	0.000 000						-
Tip-Up Town USA .	Janua	ry 24-25, 202	26 & Ja	ınu	ary 31	2026		4
		The state of the s	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	-		-, -020		1
	and the state of t	The original transfer from the second of the second	Addings of the same	thickers.				
TIFICATE HOLDER		C	ANCELLATIO	N				e en
2001-244 5444	2	11/2						
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 Chambe	er of Co	mmerce	ACCORDANCE	WITH	THE POLI	EOF, NOTICE WILL BE CY PROVISIONS.	DELIVE	RED IN
1625 W. Houghton Lake Dr.								
		经 种型	ITHORIZED nena	CCCUT	ATIVE			
Houghton Lake, M	AI 48629					*		
	THE RESERVE OF THE PERSON NAMED IN	The second secon	-					

ACORD... CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

BELOW, THIS CERTIFICATE OF INSURANCE DOES NOT CONS REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HO IMPORTANT: If the certificate holder is an ADDITIONAL INSURE	ED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed.						
PRODUCER	er in ned of sach endorsement(s).						
	CONTACT NAME: PHOME						
ļ, :	PHONE (A/C, No, Ext): Y (A/C, No):						
	E-MAIL (40C, No):						
\\	INSURER(S) AFFORDING COVERAGE NAIC #						
INSURED	INSURER A : ACE American Insurance Company (CHUBB) 22667						
Intotals	INSURER B:						
	INSURER C:						
	INSURER D:						
	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE ADDISUME POLICY NUMBER POLICY FOR THE POLICY EXPLICIT OF THE POLICY EXPLICATION OF THE POLICY EXPLICIT OF THE POLICY EXPLICATION OF THE POLICY EXPLICIT OF THE							
A COMMERCIAL GENERAL LIABILITY	NUMBER POLICY EFF POLICY EXP LIMITS						
CLAIMS-MADE K GCCUR	EACH OCCURRENCE \$1,000,000						
SCHING-WADE TENEDOCOA	PAMAGE TO RENTED \$300,000						
	MED EXP (Any one person) \$ EXCLUDED						
GEN'L AGGREGATE LIMIT APPLIES_PER:	PERSONAL & ADV INJURY \$1,000,000						
PRO-	GENERAL AGGREGATE \$2,000,000						
POLICY JECT COC	PRODUCTS - COMP/OP AGG \$2,000,000						
AUTOMOBILE LIABILITY	S						
	COMBINEO SINGLE LIMIT (Ea accident)						
ANY AUTO OWNED SCHEDULED	BODILY INJURY (Per person) \$						
L AUTOS ONLY AUTOS	BODILY INJURY (Per accident) \$						
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per accident) \$						
	5						
UNBRELLA LIAB OCCUR	EACH OCCURRENCE \$						
EXCESS LIAB CLAIMS-MADE	AGGREGATE S						
DED RETENTION \$							
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	PER OTH-						
ANY PROPRIETOR/PARTNER/EXECUTIVE: T/N							
(Mandatory in NH)	E.L. EACH ACCIDENT \$						
If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - EA EMPLOYEE \$						
SESSION NOTICE OF CLANTIONS BRIDGY	E.L. DISEASE - POLICY LIMIT \$						
escription of operations / Locations / Vehicles (acond 101, Additional Remarks Schedule, may be attached if more space is required) ertificate holder, The State of Michigan, its departments, divisions, agencies, commissions, officers, imployees and agents and Houghton Lake Chamber of Commerce are additional insured with respect to general							
ability when required by written contract. Subject to policy	terms conditions and reaments 9						
ability when required by written contract. Subject to policy terms, conditions, endorsements & xclusions. Tip-Up Town USA January 24-25, 2026 & January 31, 2026							
ERTIFICATE HOLDER	CANCELLATION						
The State of Michigan, it's departments, Board of Agencies 11747 North Higgins Lake Drive	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
, Roscommon, MI 48653							