



ncnw
reston-dulles section

Vendor Guidelines

Please read and initial the following guidelines and return this page with your application form.

INITIAL

_____ Booth fees are non-refundable for any reason unless your application is denied.

_____ All vendors are required to donate products or services that will be given away as a door prize.

_____ Your booth must be set up, staffed and ready to operate by 2:30 p.m. on April 11, 2021. The event will be held from 3:00 p.m. to 6:00 p.m. Tear down will begin no earlier than 6:00 pm and needs to be completed by 7:00 pm.

_____ At check-in, all exhibitors will receive a map showing the location(s) of their space along with unloading and parking instructions.

_____ Vendors must provide necessary equipment to operate their booth. Trash cans and chairs are NOT provided. Vendors are responsible for maintaining and cleaning up their booth area.

_____ RESTON-DULLES SECTION, NATIONAL COUNCIL OF NEGRO WOMEN, INC. is unable to accept responsibility for any lost or stolen items, or for any equipment other than our own whether left in your vehicle or in the exhibit area.

_____ Only one organization or vendor may use each booth space unless prior authorization has been obtained from the RESTON-DULLES SECTION, NATIONAL COUNCIL OF NEGRO WOMEN, INC. All vendors must conduct business in their designated booth area only, unless approved otherwise by RESTON-DULLES SECTION, NATIONAL COUNCIL OF NEGRO WOMEN, INC. Pre-registered vendors unable to attend must notify RESTON-DULLES SECTION, NATIONAL COUNCIL OF NEGRO WOMEN, INC., 48 hours prior to the event and are not permitted to sublet without prior consent from RESTON-DULLES SECTION, NATIONAL COUNCIL OF NEGRO WOMEN, INC. Fliers, handbills, and petitions will be limited to booth area only. Non-booth holders may NOT distribute merchandise or fliers of any kind.

_____ NO FOOD ITEMS ARE TO BE DISTRIBUTED AT ANY BOOTH WITHOUT A HEALTH PERMIT from the Fairfax County Health Department, AND WITHOUT prior approval from the RESTON-DULLES SECTION, NATIONAL COUNCIL OF NEGRO WOMEN, INC. Please call the Health Department at 703-246-2411 to apply for a permit.

_____ It is the responsibility of ALL vendors to obtain all permits, licenses, etc.

_____ Vendors are responsible for collecting and remitting all sales tax, if applicable, to the VA Comptroller.

_____ RESTON-DULLES SECTION, NATIONAL COUNCIL OF NEGRO WOMEN, INC. reserves the right to prohibit the sale or distribution of materials that may be illegal, pornographic, or those considered offensive. Please do not display any merchandise that would be inappropriate for children. This is a family friendly event. Any decision made by RESTON-DULLES SECTION, NATIONAL COUNCIL OF NEGRO WOMEN, INC. officials is final.



_____ Vehicles must be parked in approved areas, so plan accordingly.

_____ RESTON-DULLES SECTION, NATIONAL COUNCIL OF NEGRO WOMEN, INC. cannot assume responsibility for any vehicles ticketed or towed that are not properly parked.

_____ You are required to provide a copy of minimum general liability and a W-9 tax form.

_____ Hold Harmless: By signing this form, you affirm and agree to hold harmless the RESTON-DULLES SECTION, NATIONAL COUNCIL OF NEGRO WOMEN, INC., its directors, officers, employees, agents and assigns from any and all loss, claim, action, suit or liability to third persons (including attorney fees at trial and appeal), from any cause whether directly or indirectly related to this event or this agreement including but not limited to claims for injury to persons including death or destruction of property; whether intentional, negligent or consequential as result of any act or omission or yours, or the officers, director, employees or agents of your business.

_____ NO ALCOHOL OF ANY KIND IS ALLOWED AT THE BOOTH.

Items to be sold: Vendors will be allowed to display or sell ONLY those items listed above. Vendors will not be allowed to sell items determined to be offensive or that reflect negatively on RESTON-DULLES SECTION, NATIONAL COUNCIL OF NEGRO WOMEN, INC., its mission and/or the population served. Vendors may be liable for any failed agreements made with guests. Vendors will not be allowed to share tables with another Vendor.

_____ Date: _____

OWNER SIGNATURE

Your Vendor Packet to us should include:

1. Completed Vendor Booth Application Form
2. Vendor Guidelines with Vendor initials
3. Copy of General Liability Insurance Certificate
4. Completed W-9
5. Payment—make checks or money orders payable to **RESTON-DULLES SECTION, NATIONAL COUNCIL OF NEGRO WOMEN, INC.**

Payments can be made online via our website: <https://ncnwrestondulles.org/vendor-opportunities>

Email the completed Vendor Package to: ncnwrestondulles@gmail.com or

MAIL to: **RESTON-DULLES SECTION, NATIONAL COUNCIL OF NEGRO WOMEN, INC.,
P.O. Box 710146 Herndon, VA 20171**

