



Cosumnes Community Services District

8820 Elk Grove Blvd., Elk Grove, CA 95624
916-405-5300 Fax: 916-685-6942 www.CosumnesCSD.gov

Hot Summer Nights Vendor Application

DEADLINE: July 21, 2023

Submittal of a completed application does not guarantee acceptance into Event(s) by the District. Preference will be given to vendors in line with the themes and purposes of each Event, as well as with CSD's mission. Preference will also be given based on several factors, including but not limited to: fit with the Event in question, the Vendor's history with CSD or past performance at CSD events, level of investment, and date of paperwork received. Vendors will be notified of acceptance with confirmation and request for payment.

VENDOR INFORMATION

Business or Organization Name/Product Line(s):

Contact Person:

Address:

City, State, Zip:

Business Phone:

Event Contact Phone:

Email:

BOOTH SPECIFICATIONS AND FEES

Space is sold in 10' x 10' increments. One table and chairs will be provided.

You will receive a 10% discount (on booth space only) if you purchase more than one space per date. Spaces cannot be separated.

Vendor Space Reservation 10' x 10'	Number of	Fee	Discounts	Subtotals
Friday, August 4 #37234	X	\$300	-	=
Friday, August 11 #37235	X	\$300	-	=
Friday, August 18 #37236	X	\$300	-	=
Friday, August 25 #37237	X	\$300	-	=
TOTAL FEES:				

INSURANCE REQUIREMENTS

The Vendor must comply with insurance by ONE of these three methods:

Vendor DECLINES OPTIONAL LIABILITY PROTECTION and ASSUMES DAMAGE RESPONSIBILITY.

The purchase of supplemental liability protection is not required.

The Vendor HAS OPTIONAL LIABILITY PROTECTION.

- The Certificate of Insurance must be in the name of the person/business who signs the vendor application. It must clearly show the liability limits and policy dates to be valid.
- Certificate of Insurance for comprehensive general or comprehensive personal liability coverage for a minimum of \$1,000,000 general liability coverage and \$2,000,000 aggregate liability. The CERTIFICATE must name: Cosumnes Community Services District, 8820 Elk Grove Blvd. Elk Grove, CA 95624. The following statement must appear on the certificate: "Additional Insured Endorsement names the Cosumnes Community Services District and City of Elk Grove, additional insured, its directors, agents, or employees are included as additional insured."
- A copy of this Certificate of Insurance is due to the Cosumnes CSD no later than 14 days prior to the event.

I have read and understand the above Insurance Requirements and agree to abide by all of the conditions set forth.

Signature _____ Date _____

Name of Vendor/Business: _____

VENDOR RESPONSIBILITIES

- Submittal of a completed application does not guarantee acceptance into the event by the District. Vendors will be notified of acceptance with a confirmation and request for payment.
- Unless you have paid the additional health permit fee, distribution or sampling food or drinks is strictly prohibited (including bottled water or any pre-packaged food/snacks).
- Vendors selling taxable items are responsible for acquiring a seller's permit through the California State Board of Equalization; a copy of permit must be posted at your booth. Vendors are responsible for submitting their own resale taxes.
- Booth sizes are 10'x10' and situated on the grass or walkways.
- Vendors are required to supply their own tents if desired. One table and chairs will be provided.
- No private generators will be allowed there is NO ELECTRICITY.
- All fire codes, laws, ordinances, and regulations pertinent to health, fire prevention, and public safety shall be strictly obeyed.
- Every booth is recommended to have a fully charged 2A:10B:C fire extinguisher bearing a current rating.
- Vendor agrees to allow the District to take photos of your booth and product during the Event, for no additional compensation. Photos taken of your product/booth may be used in CSD promotions.
- Vendor/staff/employees/agents will comply with all vendor policies. Failure to comply can result in expulsion from event without a refund.

NON-TRANSFERABLE

Acceptance of this application constitutes an agreement between the applicant and the District. This agreement is not assignable or transferable without the express written consent of the District.

INDEPENDENT CONTRACTOR

The vendor shall perform all services required under this application as an independent contractor of the District and shall remain, at all times as to the District, a wholly independent contractor with only such obligations as are required under this application. Neither vendor nor any of its employees, shall be considered an employee of the District.

INDEMNIFICATION

Vendor shall defend, indemnify and hold harmless the District and the District's trustees, officers, employees and agents, from and against any and all claims, actions, liability, damage, loss or obligations, including all costs, demands, expenses, expert fees and costs, and attorney's fees arising out of Vendor's activities pursuant to this application, including by way of illustration and not limitation, the following: (a) any injury to or death of any person or damage to or destruction of any property occurring in or on Vendor's equipment, or any part therefore; (b) any default by Vendor's in the observance or performance of any of the terms, covenants, or conditions of this application ; or (c) the use, occupancy, or condition of Vendor's equipment or activities therein.

I have read this "Vendor Application," and I agree to comply with the conditions set forth.

Signature

Date

Name

Business

PAYMENT BY CREDIT CARD: PHONE (916) 405-5300 or FAX (916) 685-6942

Type of Card: VISA MasterCard Discover

Credit Card #: _____ Expires (MM/Year) : _____

Name on Card: _____

Signature: _____

By signature above, I authorize Cosumnes CSD to charge this credit card for the amount shown.

THANK YOU FOR YOUR SUPPORT