

## **Vendor Village Contract**

Don't miss this opportunity to showcase your wares!

| Company or Individual's Name |        |       |     |  |
|------------------------------|--------|-------|-----|--|
| Contact Person               |        | Title |     |  |
| Address                      |        |       |     |  |
| City                         |        | State | Zip |  |
| Telephone                    | E-Mail |       |     |  |

## **2022 FEES:** 10'x10': \$300 • 10'x20': \$400

| PFI Vendor Application Checklist   |  |  |  |  |
|--|--|--|--|--|
| $\square$ Application form completely filled out                         |  |  |  |  |
| $\square$ Check enclosed (if mailing)                                    |  |  |  |  |
| $\Box$<br>Insurance information included (See box)                       |  |  |  |  |
| ☐ Brewery or Vineyard (Please provide a copy of necessary PLCB license.) |  |  |  |  |
| ☐ Food Vendor (Please provide a copy of current health license.)         |  |  |  |  |
| I wish to reserve:   |  |  |  |  |
| ☐ 10 x 10: (includes 1 table, 1 chair)                                   |  |  |  |  |
| $\square$ 10 x 20: (includes 1 table, 1 chair)                           |  |  |  |  |
| I need electricity: Vendor must provide their own power cords            |  |  |  |  |
| ☐ \$75 per plug. Quantity:   |  |  |  |  |
| Amperage requiredVolts   |  |  |  |  |
| TOTAL DUE: ¢   |  |  |  |  |

| I have read the Insurance Requirements and | wil |
|--|-----|
| provide the proper documentation.          |     |

## These items must be received before set-up:

- One signed copy of the Plantation Field contract
- All fees paid for space
- A Certificate of Insurance in the hands of the Plantation Field Committee
- Insurance Requirements:
  - General Liability in an amount no less that \$1 million per occurrence
  - Worker's Compensation (except for sole proprietors) with the limits no less than \$500,000

These insurance policies must:

- Be written by an insurance company qualified to do business in the State of Pennsylvania
- Name the Plantation Field organization, the Plantation Field Board Members and Mr. Cuyler Walker as additional insureds.

The Certificate of Insurance must indicate that insurance coverage is in effect for the entire period of Thursday September 15 through Sunday September 18, 2022 and must contain a policy whereby Plantation Field shall receive at least ten (10) days prior written notice before the insurance carrier cancels or modifies such insurance.

## **PAYMENT OPTIONS:**

**1.** Email this completed form to **vendor@plantationfield.com AND** pay online at:

plantationfieldinternational.com/index.php/support/vendors

2. Mail this form and check payable to "PFEE" to:

P.O. Box 412 • Unionville, PA 19375

PLEASE RETURN BY AUGUST 12, 2022.