



**2010 Food Vendor
July 4th Space Application**
www.broomfieldrecreation.com
303-464-5530/303-464-5515 fax

- Fee must accompany your application.
- Health Department Application Forms **Must** be Approved by the Health Department **before** your Vendor application will be approved
- Vendors can not leave before or during the firework display. They must wait until it is safe.
- Space Size Is 10 X 10 - No Trailers Without Approval - Additional Spaces Cost More And Must Be Approved
- Applications accepted until the event is full. No applications accepted after June 25th.

BUSINESS _____
 CONTACT PERSON 1. _____
 ADDRESS _____ CITY _____
 ZIP _____ PHONE (W) _____ (H) _____

Please provide an e-mail address where your organization can be contacted.
E-MAIL _____

CONTACT PERSON 2. _____
 ADDRESS _____ CITY _____
 ZIP _____ PHONE (W) _____ (H) _____

LIST ALL BOOTH ACTIVITIES AND ITEMS TO BE SOLD: _____

ELECTRICITY? YES ___ NO ___ (20 amp service only)
 List appliances to be used _____

GENERATOR? YES ___ NO ___ Please see "Generators" in the Vendor Information Document. No microwaves will be allowed.

WHAT TIME WILL YOU SET UP? _____
 ARE YOU USING A TARP OR TENT? _____ WHAT SIZE? _____

- All Food Vendors must be approved by the Health Department

OFFICE USE ONLY \$ PAID _____	\$ OWE _____	DATE RCD _____
# OF SPACES _____	ELEC _____	GEN _____
Health _____	Insurance _____	Zero Waste _____
		Conf Letter Sent _____

APPLICATION FEES

PROFIT VENDORS

- 1. **Broomfield** Business or Individual
- 2. **Non-Broomfield** Business or Individual

Fee	W/Elec.	Fee	W/Elec.
\$75	\$80	\$85	\$90

PAYMENT OPTIONS: Application will not be processed until payment is received.

1. **MC VISA Am Express** # _____ **Exp Date** _____

2. **CHECK**

MAKE CHECKS PAYABLE TO : CITY OF BROOMFIELD

MAIL TO: DANA CABOT
 DROP OFF AT: BROOMFIELD COMMUNITY CENTER
 280 LAMAR ST
 BROOMFIELD CO 80020

3. **CASH - Do not send cash through the mail!**

DID YOU REMEMBER TO....

- **DOWNLOAD ZERO WASTE INFORMATION AND AGREEMENT**
- **DOWNLOAD INSURANCE INFORMATION**
- **SEND VENDOR APPLICATION AND PAYMENT**
- **DOWNLOAD HEALTH DEPARTMENT INFORMATION AND FORMS**
- **SEND HEALTH DEPARTMENT FORM AND PAYMENT**
- **DOWNLOAD AND READ SALES TAX INFORMATION**

RELEASE: As a participant in the Great American July 4th Festival, I fully understand and agree to the following:

I recognize and acknowledge that I assume full risk of any injuries, property damage or loss which I may sustain as a result of my participating in any and all activities connected with or associated with my participation in the Festival. Further, I understand I store my products overnight and during the festival at my own risk.

I agree to waive and relinquish all claims I may have against the City and County of Broomfield, Broomfield Recreation Services, all associated festival sponsors and any agents thereof, as a result of my participation in the Festival and that I share my products and services at my own risk.

Contractor expressly agrees to indemnify and hold harmless the City and County of Broomfield or any of its officers, employees, elected official or insurance carriers from any and all claims, damages, liability, or court awards, including costs and attorney's fees, that are or may be awarded as a result of any loss, injury, or damage sustained or claimed to have been sustained by anyone, including but not limited to, any person, firm, partnership, or corporation, in connection with or arising out of any omission or act of commission by Contractor or any of its employees or agents in performing work pursuant to this Agreement or **arising out of, connected with, or in any way associated with the activities of the Festival.**

I agree that all demonstration and exhibits may be photographed for publicity purposes.

I agree to abide by all rules set forth in this application:

I agree to abide by all Zero Waste requirements.

Applicant's Name (print)

Applicant's Signature

Date

Exhibit

INSURANCE REQUIREMENTS – EXHIBIT A		
I	Prior to the commencement of any work the vendor shall forward certificates of insurance to the department specified in the award document.	
II	Certificate Holder must be City and County of Broomfield, Colorado as the certificate holder.	Required
III	Insurance - Minimum requirement	
	Workers compensation - statutory limits provided by insurance carrier that is licensed to do business in Colorado. Employer’s liability - \$100,000 each accident \$500,000 disease policy limit \$100,000 disease each employee	Required
	Commercial General Liability - on an Occurrence Form The policy must not exclude or reduce coverage for mobile equipment, personal injury; or contractual liability.	Required \$500,000/ occurrence \$500,000 aggregate
	Commercial automobile liability insurance – including hired and non-owned vehicles, statutory Colorado personal injury protection, and statutory Colorado uninsured/under-insured motorist liability coverage. Combined single limit for bodily injury and property damage.	Required \$500,000/ occurrence
	City and County of Broomfield must be added as an additional insured to the general liability policy.	Required
	All deductibles or self-insured retentions (SIRs) in excess of \$5,000 must be listed on the certificate of insurance	Required
	Certificates of insurance on all policies to the City and County of Broomfield shall provide written notice of not less than 30 days prior to cancellation or change in coverage	Required
	The insurance requirements specified by City and County of Broomfield shall remain in effect for the full term of the contract and/or agreement and any extension thereof. Updated Certificates of Insurance shall be sent to the City and County of Broomfield during the full term of the contract and/or agreement and any extension thereof.	Required
	The City and County of Broomfield reserves the right to reject any insurer it deems not financially acceptable on insurance industry resources. Property and liability insurance companies shall be licensed to do business in Colorado and shall have an A.M. Best rating of not less than B+ and/or VII. Additionally the county reserves the right to reject any insurance with relatively large deductibles or self-insured retentions (SIRs), deemed by the county to pose too high a risk based on the size of the contractor, financial status or rating of the contractor, or based on the size or type of the project and the exposure.	Required
IV	Any deviations below the standards given above must be approved by City and County of Broomfield.	Required
V	Any subcontractors must meet the same insurance requirements for the contract or purchase order unless Risk Management has approved a deviation	Required