



6th Annual Gloucester City Shamrock Festival
"Celebrating Halfway to Saint Patrick's Day"
Saturday, September 17, 2011

VENDOR APPLICATION FORM

Business Name: _____

Primary Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile Phone: _____

Fax: _____

E-Mail Address: _____
 (Mandatory)

Please list ALL items to be sold the day of the event (if an item is not listed and pre-approved via this registration, you may be asked to remove that item the day of the event):

Please check the method(s) of vending:
 Pushcart: ___ Tent: ___ Truck: ___ Trailer: ___ Table: ___

Note: No electric will be provided this year. If you are bringing a generator please check here _____.
 If using a generator, you must bring 100' extension cord(s) to keep adequate distance from the public.

- I have enclosed the following:**
- _____ **\$100 Vendor Fee Per 10' x 10' Space;** made payable by **check** to "Gloucester City Irish Society"
 - _____ **Completed Vendor Application Form**
 - _____ **Signed Hold Harmless & Vendor Agreement** (See Attached)

Mail completed application, hold harmless, and payment to...
 Gloucester City Irish Society, Inc.
 Post Office Box 562
 Gloucester City, NJ 08030

Your deposited check will serve as verification that you have been approved as a vendor. Please allow up to 2-weeks for processing. All denials will receive written response via e-mail.

****For further information, directions, and updates on the event, please visit...****
www.GloucesterCityShamrockFestival.com

HOLD HARMLESS & VENDOR AGREEMENT
(Please read and review thoroughly)

_____ (Name of Vendor) and the undersigned officer, agent, or representative of the vendor, individually and jointly agrees to release, indemnify and hold harmless the City of Gloucester City, the Gloucester City Urban Enterprise Zone, and the Gloucester City Irish Society, Inc. from and against any loss, damage, or liability, including attorneys' fees and expenses incurred by the latter entities and their respective employees, agents, volunteers or other representatives arising out of or in any manner relating to the vendors operations during the Gloucester City Shamrock Festival.

I (Vendor) also agree to the following:

- To abide by the event staff's decision to reject any application or entry.
- That I am responsible for set up of my booth during the allotted time and that I will complete a full cleanup and dispose of all trash.
- That I will remain open during the entire festival time.
- That filming of me and my vendor or organizations area and work may be used for promotional or publicity purposes.
- Space assignments shall be at the sole discretion of the event staff and I agree to abide by the space or location assigned.
- I will provide my own table/booth/tent and it will remain neat and organized for the duration of the event.
- I will remain within my 10x10 space and not encroach on other vendors' spaces or other areas of the venue.
- I understand the number of vendors selling the same product will be limited. Please specify items/products on the vendor application form or you will be asked to remove items not listed.
- I will abide by local, county, and state health and fire codes.
- If applicable, Fire Permits need to be obtained from Gloucester City Fire Department (856-456-0231). Additional Cost may apply.
- If applicable, County Health Certificates need to be obtained from Camden County Board of Health. Additional Cost may apply.
- Any non-profit organization with donated food items must clearly advertise that items were prepared in a non-inspected kitchen as outlined by the County Board of Health.
- Owner takes full legal responsibility for participation and is the party for whom all transactions will be conducted.
- Each Vendor Spot (10' x 10') costs \$100 to rent. If you need additional space you MUST purchase an additional spot(s).
- Unfortunately, no refunds will be given. This is a Rain or Shine Event.

Signature: _____ Print Name: _____

Date: ____/____/____/

For Official Use Only: GCIS Authorized Signature: _____

Date Payment Received: _____ Check Number: _____ Check Amount: \$ _____