

# Vendor Application

Note: This application is not a contract and does not guarantee a space at Highland Orchards events. Please print clearly. All information must be completed for application to be accepted for consideration. **Please submit security deposit, space fee, proof of licensure, insurance and W9 where applicable.** Further details can be found on the Vendor Requirement and Responsibilities page.

Business Name \_\_\_\_\_

Participation Dates Requested \_\_\_\_\_

Applicants Name \_\_\_\_\_  
(Last name, First name)

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

Best contact phone number on the event day(s) \_\_\_\_\_

Email address \_\_\_\_\_

Business License # \_\_\_\_\_ (if applicable) or

Food Handlers Permit # \_\_\_\_\_ State \_\_\_\_\_ (if applicable)

Description of Business or Organization: \_\_\_\_\_  
\_\_\_\_\_

Briefly describe your item(s) that will be available at your booth: Be specific. Include brand names of products. We do not guarantee product exclusivity. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you applying for more than one 10x10 space: Yes / No If so, how many? \_\_\_\_\_

Are you requesting a water source? \_\_\_\_\_

Are you requesting electricity? \_\_\_\_\_ What amperage? \_\_\_\_\_

If coming for 2 days in a row, do you plan to leave your booth space occupied after event hours?  
\_\_\_\_\_

Each approved applicant **MUST** provide proof of insurance naming Highland Orchards as additionally insured for the date(s) of the event or request exemption at the discretion of Highland orchards.

Please describe your reason for insurance exemption: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**HOLD HARMLESS:**

To the fullest extent permitted by law, Vendor will indemnify and hold harmless Highland Orchards, their officers, directors, partners, representatives, agents and employees from and against any and all claims, suits, liens, judgments, damages, losses and expenses, including legal fees and all court costs and liability (including statutory liability) arising in whole or in part and in any manner from injury and/or death of person or damage to or loss of any property resulting from the acts, omission, breach or default of Vendor, its officers, directors, agents, employees and subcontractors, in connection with any activities by or for vendor pursuant or related to Vendor Agreement, except these claims, suits, liens, judgement, damages, losses and expenses caused by the negligence of Highland Orchards. Vendor will defend and bear all costs of defending any action or proceeding brought against Highland Orchards, their officers, directors, agents and employees, arising in whole or in part of any such acts, omission, breach or default. The foregoing indemnity shall include injury, death or disability of Vendor or any employee of the Vendor and shall not be limited in any way by an amount or type of damage, compensation, or benefits payable under any applicable workers compensation, disability benefits or other similar employees benefit act. I further hereby agree to indemnify and hold harmless Highland Orchards from any loss, liability or damage of Vendor goods, supplies or property.

The Vendor hereby expressly permits Highland Orchards to pursue and assert claims against the Vendor for indemnity, contribution and common law negligence arising out of claims for damages for death and personal injury.

Please complete this form and return to:  
Highland Orchards  
1000 Marshallton Thorndale Road  
West Chester, Pa 19380  
Email: Events@highlandorchards.net  
Fax: 610-269-0504

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Printed Last name, First name)

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_