

Thank you for your interest in participating at our events.

Directions: Complete the application page. Please use one application and list all events you are interested in being a part of in 2022.

Once approved for the event(s) please write checks according to the following rules:

Craft and information vendors:

 Write a check for the $\_\_35\_\_Space Fee

 -or-

Food Trucks/Service Providers :

 Write a check for the $\_\_50\_\_Space Commitment deposit fee for each event payable to Highland Orchards. This deposit applies to food vendors only. This deposit will be **credited** towards the 20% of gross sales commission collected upon departure for each event. Proof of gross sales is required. Additional details will be included in the approval email.

Checks should be made out to:

Highland Orchards

1000 Marshallton-Thorndale Road

West Chester, PA 19380

Include jpegs/photos of items to be sold and a picture of your booth or truck with your application. Include any promotional materials that we can use online or in print.

\*\*\*\*PLEASE KEEP THIS FOR YOUR RECORDS\*\*\*\*

Vendor Requirements and Responsibilities

1. You are responsible for bringing your own set up including; tables, chairs, canopies, extension cords, extra cash for change, paper products, condiments etc.
2. Your booth space provided is approximately 10‘x10’ unless otherwise requested.
3. Electricity available upon request with application for additional charge.
4. No amplified sound may be permitted in your booth space unless approved.
5. All restaurants/food vendors/specialty food vendors/caterers and all vendors offering physical activities or personal contact need to provide a certificate of their liability insurance with their application, naming Highland Orchards as additionally insured valid for the date of the event.
6. Set up time will begin at least 1 hour before the event. The premises must be completely vacated within 1 hour after the event ends. Please be ready to greet and serve your customers 30 minutes before the event is scheduled to begin.
7. All vendors are expected to stay the entire event. **It is mandatory to remain fully operational during the event.**
8. Highland Orchards reserves the right to deny any applicant for any reason.
9. Our events are rain or shine except in severe circumstances. Please note: There are NO REFUNDS for this event unless Highland Orchards cancels. You will be notified as soon as a decision is made via email with any changes or cancellations.
10. Highland Orchards reserves the right to cancel/change an event, alter or change booth space or refuse anyone who does not meet our event requirements at any given time. We also reserve the right to limit the number of food vendors selling a particular item.
11. All generators must be 60 decibels or lower.
12. All foods are subject to review by the CHESCO Health Department and are not to compete with products sold by Highland Orchards.
13. A W9 and subcontractor agreement must be completed and submitted with the application if we are paying you for your services.
14. All vendors are required to keep your area clean and to properly dispose of trash during the event and after the event.
15. Vendor assumes all risk of loss or damage to vendors merchandise, equipment, fixtures and property from any cause whatsoever. Vendors are responsible for securing its vending area.
16. All vendors must park in the designated vendor parking lot during the event.
17. There shall be no sale or display of the following goods from the vendor booths: products or materials that depict sexual activity, nudity, or sexually explicit materials/apparel or hazardous or potentially hazardous materials or activities.
18. You are responsible for providing worker’s compensation coverage or similar medical and accident coverage to all your employees and helpers.
19. Pets are not permitted on the premises without prior approval.
20. Your food or beverage booth must comply with all applicable health Department regulations and provide proof of license or permit. We ask that all vendors have their insurance policy and Food Permit posted at all times during the event.
21. By attending our events you imply consent that your image may be used on social media for commercial purposes.

 Chester County Health Department/ Chester County Government Services Center

601 Westtown Road- Suit 288  West Chester, Pa 19382

Ph: 610-344-6689 Fax: 610-344-5934

Vendor Application 2022

Note: This application is not a contract and does not guarantee a space at Highland Orchards events. You will be notified via email if approved for requested event dates within 1 week of your application being received. Please print clearly. All information must be completed for application to be accepted for consideration. Upon approval, you may be asked to submit food handlers permit, space fee or space commitment deposit, proof of licensure, insurance and W9 where applicable.Further details can be found on the Vendor Requirement and Responsibilities page.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

What are you known for/ How should we promote you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please check off documentation included:

Food Truck/Restaurant/Caterers/Entertainment or Service Provider

* Completed Vendor Application
* $50 Space Commitment Fee (remaining balance of 20% of sales is due at the end of the event)
* Certificate of Insurance (needed for food/service providers only)
* Chester County Board of Health

Craft/Information/Commercial Vendors

* Completed Vendor Application
* $35 Space Fee

Applicants 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\_\_\_\_\_\_\_\_

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?\_\_\_\_\_\_\_\_\_

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:

\_\_\_\_\_\_Crafter/Home business

\_\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

*By attending our events you imply consent that your image may be used on social media for commercial purposes.*

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_