



# Harvest Festival

## FOOD VENDOR APPLICATION

Event Date: Saturday, Oct. 15, 2022

Event Time: 12-7:30 p.m.

Location: Coe Lake Park (85 S. Rocky River Dr.)

### APPLICATION AND PAYMENT IS DUE: FRIDAY, SEPT. 23, 2022

Once your applications is received and reviewed, you will be sent a confirmation or denial letter.

If your application is not accepted, we will mail any monies back.

**VENDOR FEE: \$200 (Fee is not refundable)**

**RETURN TO:** City of Berea, Megan Pochatek, 11 Berea Commons, Berea, Ohio 44017

**PHONE:** (440) 274-5608 **EMAIL:** mpochatek@cityofberea.org

**Business/Organization Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Complete description of menu items. Please list prices of all items being sold:**

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

**Booth description:**     Canopy/Tent                       Table and Chairs Only                       Self Contained Trailer

*Please check the fees that apply*

Vendor fee: **\$200**                       Electric hookup (110v 20 amp) **\$25**                       Electric hookup (220v 50 amp) **\$50**

**TOTAL AMOUNT DUE:** \_\_\_\_\_

*Cash or check only made payable to: The City of Berea*

**OFFICE USE ONLY**  
Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Payment amount: \$ \_\_\_\_\_  
Cash    Check # \_\_\_\_\_

Harvest Festival Food Vendor Rules

Return a copy with your initials next to each "X" identifying that you have read/understand the corresponding information. Please keep a copy for your records.

X \_\_\_\_\_ VENDOR SPACE: The City will assign vendor spaces based on booth requirements and park layout, keeping the best interests of the event in mind at all times. Spaces with electricity are limited and are assigned on a first come – first served basis. There is an additional charge for an electric hookup. Water hookups are also very limited. If you need a water hookup, please contact the City. When spaces are assigned, the City will send you a confirmation letter and a contract.

X \_\_\_\_\_ APPROVAL: Applications will be approved/denied based on event needs, space availability and/or amount of duplicated products. The submittal of an application does not guarantee vendor acceptance into any event. All decisions are at the City’s discretion. The City has the right to deny or cancel any vendor. The City does not guarantee exclusivity for vendors on particular items.

X \_\_\_\_\_ REFUNDS/CANCELLATIONS: Approved vendors that cancel or are a “no show” will forfeit their fee and all future events for the City of Berea. The City is not obligated to refund fees for any event that is affected by weather conditions. The Harvest Festival is a rain or shine event and no refunds will be issued if inclement weather occurs.

X \_\_\_\_\_ BOOTH SPACE: Each vendor space is 10x20 ft. Vendors requiring more space must purchase additional footage. All vendors must provide their own canopies, tables and chairs. If you require more space, please contact Megan Pochatek to make arrangements.

X \_\_\_\_\_ SETUP AND TEARDOWN: All vendors must be setup by 11:30 p.m. and must remain setup during the entire event. Early take down is not allowed. You may teardown after 7:30 p.m.

X \_\_\_\_\_ FOOD SAFETY: All food must be prepared and cooked to meet the Cuyahoga County Health Department guidelines. Responsibility to meet all these requirements is the sole responsibility of the food vendors. Failure to meet these guidelines will lead to removal from the event with no refund. For more questions, contact the Cuyahoga County Board of Health at (216) 201-2000 or visit www.ccbh.net. Please submit a copy of your food permit to the City of Berea.

X \_\_\_\_\_ LIABILITY INSURANCE: All vendors shall provide evidence of liability insurance and provide a certificate of insurance coverage and bodily injury, property damage and product liability for single coverage limits of not less than \$1,000,000 (one million dollars). With the signing, both The City of Berea, including its officers, members and agents, will be held harmless against debts and business expenses and obligations incurred including any and all liability claims by reason of any accidents, injuries, damages or sickness, that may occur during the term and performance of this contract and against all fines, penalties and loss incurred by reason of the violation of county, state or, federal laws. The insurance policies shall list as additional insureds: The City of Berea and their respective agents, employees, volunteers and members. Please submit a copy of your insurance to the City of Berea.

X \_\_\_\_\_ I agree to grant full permission to the City of Berea to use my name, photo, video or recording for publicity or promotional purposes without obligation or liability to me, my staff or my family.

INDEMNITY: In consideration of acceptance of this entry, I hereby waive any and all claims for myself and my heirs, successors, or assigns against the City of Berea, or any of their agents, officers, volunteers and/or employees for any injury or illness, theft or other damage which may directly or indirectly result from my participation at any City of Berea event or activity while on their “premises,” and I further agree to save and hold said parties harmless and agree to indemnify each of said parties against all liability for any loss, cost injury or damage to persons or property which may arise by virtue of my participation of being on the “premises” of a City of Berea event. I understand that City of Berea events/activities may be cancelled in the sole judgment and at the discretion of the event sponsors, while in agreement with the sponsor, if unsafe conditions exist due to rain, heat, civil defense, strikes or other circumstances. I further agree that the times of said event/activity may change at the sole discretion of the sponsors. I understand that while I am participating in said event/activity the sponsors or their agents may photograph me, and I agree to allow my photograph to be taken and used as the sponsors see fit.

VENDOR NAME: \_\_\_\_\_

I have read and agree with the conditions above:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed form to:
Megan Pochatek, City of Berea
11 Berea Commons,
Berea, Ohio 44017
(440) 274-5608 or mpochatek@cityofberea.org

