

City of Oneida Fall Festival Vendor Application
Saturday, October 5, 2024

BOOTH #: _____
DATE APPROVED: _____
BY: _____

Last Name: _____ First Name: _____

Business Name: _____

Address: _____ City/State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

E-mail Address: _____

Website Address: _____

Facebook Page: _____

License Plate#: _____

**If you do not have a website or Facebook Page, please include photos of products you will be selling.

VENDORS: (check all that apply to your product)

- Antiques/Collectibles Flea Market Finds Handcrafted Direct Sales Non-Profit

Description of Products:

INSURANCE: Vendor has Insurance (Naming City of Oneida as additional insured). **PLEASE ATTACH.**

OR Vendor does not have Insurance and has signed the City of Oneida Fall Fest Liability Waiver.

I have read and understand the Vendor Rules and Regulations of this Oneida City Fall Fest and I agree to follow them.

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____

CITY OF ONEIDA FALL FEST

LIABILITY WAIVER

Each Vendor agrees that the City of Oneida is not responsible for the loss, theft or damage of Vendor's property or merchandise.

Space(s) is/are provided to Vendor for the display and sale of approved merchandise by Vendor.

Vendor assumes full responsibility for any injury to persons or property resulting from the display, sale and/or use of Vendor's merchandise, vehicles, equipment, or other property, or of the assigned ground space occupied by Vendor and/or those accompanying Vendor.

Vendor further agrees to indemnify, defend, and hold harmless, the City of Oneida, its employees, agents, and assigns, from and against all liability, claims for damage, loss, expense, injury, or death including legal fees that may arise for any reason, including, but not limited to, the commencement of a lawsuit resulting from participation in the City of Oneida Fall Fest.

By signing below, Vendor accepts terms of Liability Waiver for the 2024 City of Oneida Fall Fest.

Signature of Participant (Must be at least 18 years old)

Print Name of Participant

Date _____

HOURS OF OPERATION:

- **Set-Up:** 9:00 am to 10:30 am (Must be set-up and ready to sell by 11:00am)
- **Fall Fest Hours:** 11:00am to 4:00pm
- **Tear-Down:** Immediately following event- 4:00 pm-6:00 pm. Vendors must keep their display set up until the Fall Fest closes at 4:00 pm. Any Vendor that leaves before 4:00 pm, without prior notice, may be denied future admission to the Fall Festival (11:00 am to 4:00 pm is the ADVERTISED Fall Festival time).

PAYMENTS: All payments are *non-refundable* and are payable to the Oneida City Clerk's office upon approval of your application and booth assignment. If you are unable to attend after submitting your application and confirming a space, please notify us immediately. We have many vendors interested who we must turn away due to limited spacing and can easily fill the spot. Those who do not show up without prior notification will not be allowed to participate in future events.

VENDOR FEE:

\$25.00 for 15x15 Space- Bring your own Tent & Tables (Tents must be anchored and fire retardant). Payable by Cash, personal check if from a local bank/money order and credit or debit card (See Authorization Form attached).

NON-PROFITS: (Please schedule your dates ASAP!)

- **FREE** 15x15 information booth

TO APPLY: Return Application and Waiver or Insurance Certificate

ONLINE: email to slapera@oneidacityny.gov

BY MAIL: City Clerk-109 N. Main St., Oneida, NY 13421 (**or drop off in person**)

ONCE APPROVED, you will be notified by EMAIL (please check your spam folders!) on how to make payment.

**** Your spot will not be approved/reserved until PAYMENT AND REQUIRED DOCUMENTATION IS RECEIVED.**

RULES AND REGULATIONS

1. **INSURANCE:** Vendors with their own Certificate of Liability Insurance need to provide a copy naming the City of Oneida as an additional insured (for General Liability). All other vendors are required to sign the City of Oneida Fall Fest Liability Waiver.
2. **LICENSES:** All permits and licenses pertaining to the sale of your products shall be the Vendor's responsibility. If selling food, proof of compliance with public health laws is the responsibility of the Vendor and must be displayed.
3. **SALES TAX:** Each vendor is responsible for reporting their own sales tax.
4. **SPACE RENTALS:** Payment is due PRIOR to set-up and is non-refundable.
5. **GARBAGE:** Please do not leave your garbage (there is no dumpster). Vendors are required to clean up their rental area at the close of the day and leave with it.
6. **SECURITY:** Each vendor shall remain at his/her own market space when selling products. The City of Oneida assumes no responsibility for damage, theft or loss of exhibitor work, personal property, or

display. Exhibitors are encouraged to carry their own product insurance.

7. VENDOR DRESS AND BEHAVIOR:

- Vendors and their employees are expected to always dress and conduct themselves in a proper and professional manner. Appropriate personal appearance, courtesy to customers and other vendors is expected.
- No smoking is allowed at the Fall Fest.
- If bringing a radio, the volume is to be kept at a minimum. You may not bring or play musical instruments.
- To conduct business on the premises (promoting/selling/trading) a paid space is required.

8. PRODUCT GUIDELINES

- All products sold must be family friendly. The City of Oneida Fall Fest planners may ask you to remove any items deemed not appropriate for Fall Fest. This includes, but is not limited to books, pictures etc.
- No food or drink items shall be sold by Fall Fest Craft/Non-Profit Vendors. You must be registered as a Food Vendor. This includes bottled water, baked goods, etc.
- Illegal items are not allowed to be sold. It is the Vendor's responsibility to know the Law. Vendors shall comply with all laws, ordinances, and regulations of Federal, State, County, City, or other lawful authorities pertaining to the Vendor's use of the premises. FIREARMS MAY NOT BE SOLD. NO FIREARMS ARE ALLOWED ON THE PREMISES AT ALL.

The City of Oneida reserves the right to amend or add to the applicable Rules & Regulations at any time. All participants will be made aware of any additions or amendments.

The City of Oneida reserves the right to remove, without refund or recourse, anyone who does not comply with the Fall Fest rules.

PARKING

Each vendor will be provided with a vehicle tag to be placed hanging from your rearview mirror. This will have your assigned booth number on it. If a vehicle needs to be moved for any reason, the Police Department officer(s) will locate you and ask that your vehicle be moved. Only one vehicle per vendor is allowed in the designated Vendor parking area due to limited spaces available. If you have more than one vehicle, that vehicle will need to be parked in public parking areas after setup.

BEES/INSECTS

This is an outdoor event, and we cannot control the presence of bees or other insects. Please bring with you any repellent you feel necessary to ensure your safety and comfort.

CITY OF ONEIDA

Office of the City Clerk
109 N. Main Street
Oneida, NY 13421
315-363-7378/315-363-9558 Fax

Applicant can either scan and email this form to our office or submit it through the mail with the completed application. All transactions are subject to approval and card authorization. **Fees apply: 2.19% Credit Cards; 1.79% Debit (\$1.00 minimum fee credit/debit card)**

CREDIT CARD AUTHORIZATION FORM

CARDHOLDER INFORMATION

Name: _____
Billing Street Address: _____
City: _____ State: _____ Postal Code: _____
Country: _____ Email: _____
Address: _____
Direct Telephone: (_____) _____ - _____

I hereby affirm that I am the owner of the below referenced credit card and that my name is listed on the front of the credit card.

I hereby authorize the City of Oneida, 109 N. Main St. Oneida, NY 13421, to charge my credit card (listed below) in the amount of \$_____, according to the terms of the attached application.

Account Holder Signature

CREDIT CARD INFORMATION (Please note if credit or debit)

Credit Card Type: _____ Visa _____ MasterCard _____ American Express _____ Discover

Card Number: _____

Expiration Month: _____ Expiration Year: _____ CVV No.: _____

Cardholder Signature : _____

Date: _____

**Please print legibly. If we are unable to verify your information, the application will be returned.

For Office Use Only

Confirmation ID: _____

By Whom: _____

