



SPECIAL EVENT APPLICATION ~ VENDOR LICENSE

CITY OF EASTON HEALTH BUREAU

FOOD VENDING-License & Inspection: \$30.00 CRAFT-License & Inspection: \$10.00 LATE FEE: \$25.00

Event:	Date(s) of Event:
Applicant:	Time of Event:
Address:	
Business Phone:	Mobile Phone:
Fax Number:	Email:

Please List Event Organizer(s) and Vendor Contact Person (Attach additional pages if necessary)

Name	Address	Telephone Number(s)

Please List Appropriate Information to be Vended Below: (Attach additional pages if necessary)

Food Products	Site of food preparation	Site of food storage

All applicants vending food must attach a copy of their current Food Employee Certification

All applicants must attach a copy of their comprehensive policy of public liability insurance-minimum of \$1,000,000.00

Certification/Hold Harmless

Vendor warrants that it is and will be at all times during said event in full compliance with all applicable laws, regulations and ordinances. Vendor, his successors, heirs, assigns, executors and administrators shall defend and hold harmless the City from claims or liability, contingent and otherwise for injury to or death of any person or persons or damage to real or personal property arising in or by reason of or in connection with the vendor's negligence, whether sole or joint and vendor shall pay all judgements, interests, costs, legal and other expenses arising out of or in connection herewith. Unless otherwise agreed in writing by the City, vendor shall furnish the City with a comprehensive policy of public liability insurance insuring the city and its agents, officers and employees against claims of liability, contingent and otherwise for injury, death, damage or by reason of or in connection with the vendor's negligence to defend against all such claims, demands, actions or legal proceedings and to pay all costs arising out of or in connection therewith. The limits of liability of such policy shall be not less than \$1,000,000.00 combined single limits for bodily injury and/or property damage. Proof of worker's compensation insurance is to be furnished upon request, if applicable.

Vendor has read Certification/Hold Harmless and herein executes same and warrants that the undersigned is duly authorized to act for the vendor as set forth herein.

Signature, Titles & Date: _____

Please return the completed application with the correct fee and required documentation to:

City of Easton Health Bureau
 One South Third Street – Third Floor
 Easton, Pa 18042
 Phone: 610-250-6608 Fax: 610-250-6607

Special Event Fee shall be submitted fourteen (14) days prior to the event

(Internal Use)

Amount Paid: _____ Account # 101-36521 License # _____

_____ Date _____

Edward J. Ferraro, Chief Health Administrator