

319 Main Street | Saugerties, NY 12477 P: 845.246.8833 | F: 845.246.6371 | HitsShows.com

# 2018 HITS OCALA HOLIDAY SERIES VENDOR APPLICATION OCALA, FL

#### **TERMS AND CONDITIONS**

Our policy is to accept Vendors as space permits, while limiting the number of Vendors with similar wares. Vendors of souvenir items displaying the HITS logo or verbiage, official or unofficial, shall require prior written approval by HITS. Vendors of certain products may be excluded based on prior sponsorship arrangements. Vendors of food or beverage will be excluded. Subletting of booth space is strictly prohibited. Priority will be given to Vendors attending the entire circuit. Vendors will be notified of space availability. HITS reserves the right to reject any application for any reason whatsoever. No specific Vendor location or "space" can be guaranteed.

In the event that your application is <u>not</u> accepted, your deposit will be fully refunded. Deposit of an applicant's check does <u>not</u> guarantee their acceptance as a HITS Vendor.

If you are identified as a potential Vendor and you subsequently satisfy the requirements set forth below, your deposit will be treated as a non-refundable deposit to be applied toward the total amount due to HITS. Please be advised that your application does <u>not</u> constitute a contract with HITS until each of the following two requirements is satisfied: (1) HITS notifies you in writing that you have been identified as a potential Vendor, and (2) you satisfactorily provide copies of the requisite insurance certificates and business licenses set forth below.

In the event that you are identified as a potential Vendor, you will be required to provide HITS each of the following:

(1) A current certificate of insurance evidencing a policy of One Million Dollars (\$1,000,000.00) per occurrence, Two Million Dollars (\$2,000,000) aggregate in Combined Single Limit Bodily Injury and Property Damage insurance, including products/completed operations naming HITS Holding Corporation and HITS, Inc., doing business in Florida as HITS Ocala Holiday series as Specifically Designated Additional Insured. A certificate of insurance for Workers' Compensation and Employment Liability in the amount of no less than One Hundred Thousand Dollars (\$100,000.00) per occurrence.

#### And

(2) A photocopy of your Florida State Certificate of Authority to Collect Sales Tax, which serves as evidence that you have met the sales and use tax registration requirements for that jurisdiction and that you are authorized to collect and remit tax as required by law.

If HITS notifies you in writing that you have been identified as a potential Vendor, you will be forwarded complete information regarding these requirements, including instructions. Failure to satisfy these requirements prior to your arrival will (a) preclude you from entering into a contract with HITS irrespective of the fact that you were identified as a potential Vendor; and (b) result in the forfeiture of your deposit.

#### **PAYMENT**

- A non-refundable deposit equal to Basic Rent (see 2018 Vendor Application) is required with your application.
- All applications received without deposit will be returned.
- Your entire series balance is to be paid in full upon arrival.
- Please make checks payable to HITS, Inc.
- An open check or open credit card must be filed in the horse show office upon arrival.

#### **MAIL SERVICE**

HITS will not be responsible for mail or parcel deliveries made to vendors, exhibitors or others. Please make arrangements accordingly.

### 2018HITS OCALA HOLIDAY SERIES VENDOR APPLICATION

| Business Name:   | Owne  | er/Representative:  |   | _              |  |
|--|---|---|---|----------------|--|
| Address:   | Phon  | e 1:  |   | _              |  |
| City/State/Zip:  | Phon  | e 2:  |   | _              |  |
| E-Mail:  | Fax:  |   |   |                |  |
| Description of Business:   |   |   |   |                |  |
| SHOW DATES: PLEASE CHECK APPLICABLE WEEKS  |   |   |   |                |  |
| □ OCALA HOLIDAY SERIES, December 12-16,  | 2018  |   |   |                |  |
| □ OCALA HOLIDAY FESTIVAL, December 19-7  |   |   |   |                |  |
| VENDOR SPACE: PLEASE CHECK APPLICABLE SPACE  | REQUIREMENTS  |   |   | _              |  |
| □ Regular Vendor Space - \$500 per week*  A regular vendor space is for any type of vendor that is not a Tack Store.  Space allowed up to 20' x 20'  | ☐ Expanded Regular \ A regular vendor space is for Space allowed 20' x 40 | or any type of vendor that  |   |                |  |
| □ Tack Store Vendor Space - \$750 per week*<br>Space allowed up to 20' x 45'   |   | ided Tack Store Vendor Space - \$875 per week* allowed up to 20' x 60' – Please contact office to make arrangements |   |                |  |
| * <u>Payment:</u> A deposit equal to rent is required with your application. The remainder of your balance for the entire circuit is to be paid in full  | I prior to set up. No Exception   | ons.  |   |                |  |
| UTILITIES:  □ Basic Electrical Service: 20 amp/110 volt. Included with vendo   | or fee.   |   |   | _              |  |
| - Additional Electrical Service: Additional electrical needs char  | rged on a cost basis of \$50 -  | · \$150 per week. Cont  | act our office to make arrangeme  | ents.          |  |
| SPACE REQUIREMENTS & DESCRIPTION: PIG  | ease check one of the following &   | & describe the space requ   | uirements for your mobile unit or tent:                                 | _              |  |
| ☐ I have my own <b>Mobile Unit</b>   |   |   | <u> </u>  |                |  |
| ☐ I have my own <b>Tent</b>  |   |   |   |                |  |
| Set Up: Between Mondays at 12 noon and Tuesday   | s at 5 pm. <b>Take Down:</b> E  | Ending Mondays at   | 12 noon.  |                |  |
| RV SPACE   |   |   |   | _              |  |
| If your Mobile Unit is used as a Vendor Site and Living Quarters or if are non-refundable. <b>SPACE IS LIMITED</b> – contact our office for avail  | you require a separate RV h<br>ability. <i>Please check the foll</i>      | ookup, you must pay owing:  | the RV fees. Once ordered, RV f   | fees           |  |
| □ Separate RV Space  | ,   | <b>S</b>  |   |                |  |
| <b>\$330</b> per v   | week <b>X</b> weeks   | = \$  |   |                |  |
| □ Vendor Site / Living Quarters  * Source and Crow Water name out is excitable at additional a   | and must be arrange   | d in the Chaw Office  | •   |                |  |
| * Sewer and Gray Water pump out is available at additional or  |   | d in the Show Office  | e<br>   | _              |  |
|  | GREEMENT  |   |   |                |  |
| I have read the Terms and Conditions of this Vendor application and application, and further agree to indemnify and hold harmless, HITS, attorney's fees, judgments, and expenses incurred because of or aris contract and from any and all claims for injury or loss suffered during and all claims arising out of HITS' management of those shows. | HITS' affiliates, its officers, or sing out of any claim, assertion       | directors, employees, on, or legal proceeding   | and agents from all costs, liabiliti<br>g concerning my obligations und | ies,<br>ler th |  |
|  |   | OFFICE USE ON   | NLY   |                |  |
| x  |   | ☐ Insurance   | ☐ Business License  |                |  |
| Signature of Owner/Representative  | Date  | Ск  | \$  |                |  |

## HITS ACCEPTS VISA, MASTERCARD & AMEX FOR PAYMENTS To use your Visa, MasterCard or Amex to pay for amounts due with application such as deposit, and remaining balance.

| rices which are 3% more than price mount due ith contract \$                                  | es listed above. |         | Office Use only      |                         |
|---|------------------|---------|----------------------|-------------------------|
| lame on Card (exactly as it appears)  |                  |         |                      |                         |
|   |                  |         |                      |                         |
| Billing Address of Card   | Ci               | ity     | State                | Zip Code                |
|   | Ci               | ity     | State                | Zip Code                |
| -   |                  | ity<br> | State/ Expires MM/YY | Zip Code  Security Code |
| Billing Address of Card  [ ] Visa [ ] MC [ ] Amex  Card #  I authorize HITS, Inc. to charge r |                  |         | /<br>Expires MM/YY   | Security Code           |