

Vendor Application

The conference offers vendor space to women who have fun sideline businesses that are of interest to other women. One 6-foot table will be provided, and the space is expected to be set up by 8:00 a.m. on conference day and manned during breaks and lunchtime during the conference. Health permits and sales tax permits are the responsibility of the vendor,

Cost is \$45 which includes registration to the conference, lunch and snacks.

iness Name:	
ntact:	
ntact:dress:	
ntact: dress: y:	Zip:

You can pay online at https://bit.ly/2023WFC or send check to address below.

Any net proceeds will support education in the community by the CCE-Steuben financial program. Contributions to CCE-Steuben are tax exempt under the 501 (c) 3 organization laws.

DRAFT SMALL EVENT VENDOR AGREEMENT

		10	IDOR AGREEIVIEN I			
Agr	eement be	etween Cornell Cooperative Extension of	(CCE), located at: and			
Ver	ndor Name	and Address:				
(Ve	ndor) Desc	ription of Your Activity:				
1.	from and from inju	shall indemnify and hold harmless CCE, their emplo d against any and all actual or alleged claims, suits ary or illness to any person(s), including death, or o of the Vendor, its employees, volunteers, particip	or demands of any kind and nature that result damage to property arising out of any act or			
2.	The Vendor shall provide a Certificate of Insurance to CCE by showing evidence of the following minimum limits of insurance or as required by law, whichever is greater. Said certificate shall name CCE as additional insured with not less than 10 days' notice of cancellation. All insurance must be written in a New York State licensed insurance company with a Best's rating of A- or better. Certificate must be signed by an authorized representative of the insurance company and indicate the event it applies to. Certificate to show:					
	a.	Comprehensive Business, Homeowners or Farm Completed Operations and contractual liability, occurrence of \$1,000,000.				
	b.	Workers Compensation if the Vendor is required If not required, initial				
	c.	Auto Liability: If a Business- \$1,000,000/If an In Business must have "Non Owned Auto Liability"	dividual \$300,000. If there are no owned autos a			
Ву:_		Vendor Authorized Signature	Date:			
_		Print Name	Phone Number			

VENDOR CONTRACT-NO INSURANCE

	eement is made by and between the NSION'') and:	he Cornell Coo	perative Exter	nsion of	County		
(Name of	f Craft or Service Vendor)						
Address:							
Telephon	ne (Day): En	nail:					
Complete	e and Attach IRS W-9 Form						
with any	n is only to be used for individual last formally organized business or organized TAX ID Number, you cannot	ganization OR a	ny FOOD or C				
DESCRIPTION OF VENDOR ACTIVITY: (Table/Booth/? For (insert date))							
(List Craf	ts, Items, Educational Material or	Services)					
I.	VENDOR shall indemnify, hold employees, agents and voluntee brought against any or all of the death, or damage to or destruction	rs from and again m for any actual on of property a	inst any and all l or alleged injurising out of ar	claims, demands or ary to any person or	causes of action persons, including		
П.	VENDOR during participation at the Fair by the VENDOR. VENDOR herewith releases EXTENSION, its officers, directors, employees, agents, and volunteers from all liability whatsoever from any injury, including death, incurred by the VENDOR during their participation in the event unless such injury or death is the result of the sole negligence of EXTENSION.						
ш.	VENDOR releases and forever discharges and waives any right of subrogation against, EXTENSION, its directors, officers, employees, agents, and volunteers for any loss of, damage to or destruction of any property of every description owned by the VENDOR or in the care, custody, or control of the VENDOR while such property is at the event regardless of the cause of said loss, damage, or destruction.						
IV.	EXTENSION does not provide a participating in this event. The VENDOR may need for participating the participating in the participating	VENDOR is sol	ely responsible				
EXECUT	TED AT	, this	day of	, 20			
CCE OF	COUNTY	VENDOR			_ _		
BY:		BY:					
EXEC. D	IRECTOR OR PRESIDENT	AUT	HORIZED SI	GNATURE			
		PRINT NAM	TE TIT	LE			