



Office Use Only
Date Received _____
Reservation Fee Received _____
Cert/Insurance Received _____

MALTA CULTURAL ARTS FESTIVAL (MCAF)
FOOD VENDOR APPLICATION
Saturday, OCTOBER 5th, 2024
11:00 am - 3:00 pm
MALTA COMMUNITY CENTER
ONE BAYBERRY DRIVE, MALTA NY 12020
(518)-899-4411

Business/Vendor Name: _____

Contact Person: _____ Date of Birth _____

Address: _____

Phone: _____

Email Address: _____

Type of Food Items: _____

Do You Require Electricity _____

Welcome to the 5th Annual Malta Cultural Arts Festival. This event features artists celebrating various cultures and art forms. Food vendors are encouraged to offers items that also share in this mission. This is a free event and open to the public.

To make this event safe for everyone, the following procedures must be followed:

1. 1 table (8x2) and one chair will be provided for indoor spaces, *if requested*.
2. The size of the booth/space is flexible and will be assigned according you your needs.
3. Booths or Food Trucks are to be set up by 10:30 am. The event runs until 3:00pm so please be courteous to remaining attendees if trying to breakdown early.
4. This application should be returned with a \$50.00 non-refundable fee.
5. Space will be reserved when the application, payment, hold harmless agreement (see below) and a certificate of insurance has been received.
6. Applications must be received at least week prior to the event date.
7. The vendor agrees to indemnify and hold harmless the Town of Malta against any and all claims, damages, losses and expenses.
8. A certificate of insurance with a minimum liability amount of \$1,000,000 naming the Town of Malta as additional insured must be returned with this application.
9. Food vendors are responsible for following all rules and regulations regarding any food preparation and service as established by the New York State Health Department 77 Mohican Street, Glens Falls, NY 12801-4429, 518-793-3893. Allow two to four weeks to process an application.

10. Not for profits without employees must fill out and submit a CE200 Certificate of Attestation of Exemption from Workers' Compensation and/or Disability Benefits coverage on-line as part of the package (http://www.wcb.state.ny.us/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp).
11. Health Department permits shall be clearly displayed in all food booths.
12. A certificate of insurance with a minimum liability amount of \$1,000,000 naming the Town of Malta as additional insured must be returned with this application. The Town policy is that all vendors are required to call their insurance company and request a certificate of insurance naming the Town additional insured.

TOWN OF MALTA HOLD HARMLESS AGREEMENT

By signing below, the vendor _____
Name of Vendor

Agrees to indemnify and hold harmless the Town of Malta, its officers, employees, agents and volunteers from any and all liabilities for injuries to person (including wrongful death) or property which may arise as a result of the acts or omissions of the Contractor, its officers, employees, agents or volunteers while engaged in the fulfilling of the terms of this contract or otherwise managing, running, conducting, presenting or participating in a Town of Malta event, including, but not limited to, any damages the Town is required to pay over to any person or entity and costs of reasonable attorneys' fees incurred in defending against any claim, suit or action.

Vendor Signature: _____ Date: _____

Please Check	Type of Booth			
Indoor Food Booth	____ (\$50)	space requirements	_____	Do you need table/chair? _____
Outdoor Food Truck	____ (\$50)			Electricity? _____
Outdoor Food Booth	____ (\$50)			

____ Enclosed is a check in the amount of \$ _____
 ____ the signed contract
 ____ a certificate of insurance naming the Town of Malta additional insured

Return contract, remittance and certificate of insurance to:
 Town of Malta Department of Parks & Recreation
 RE: MALTA CULTURAL ARTS FESTIVAL (MCAF)
 One Bayberry Drive
 Malta, New York 12020

The Town of Malta Parks & Recreation Department supports the 1992 Americans with Disabilities Act. Please briefly describe any special accommodations you may need to participate and someone will contact you.

Make checks payable to **Town of Malta**. There is a \$20 service charge for all returned checks.