



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

## MALTA COMMUNITY DAY VENDOR APPLICATION

Saturday, September 6, 2025

10:00 am - 3:00 pm

Shenantaha Creek Park

Eastline Road Malta, New York

(518)-899-4411

Business/Vendor Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Display: \_\_\_\_\_

Welcome to the Town of Malta Community Day. This yearly event brings our community together to have fun and meet neighbors. To make this event safe for everyone, the following procedures must be followed.

- 1. You must provide your own tables and chairs.**
- Booths are to be set up by 9:30am. Booths cannot be taken down before 3:00 pm.
- We do not guarantee exclusivity. Other vendors may provide the same products or services as you do.
- Vendors are not allowed to charge for services; our goal is to provide local businesses and not for profits a great opportunity to market to the community.
- The size of the booth is approximately 8' x 8' and is located underneath a large tent. There is no electricity available for vendors.
- Please respect other vendors and keep your materials and information restricted to your booth space and table.
- There are no soliciting, handouts or advertising allowed outside of your booth area.
- This application should be returned with a \$25.00 non-refundable fee. This fee applies for all Businesses and Not for Profits. Anyone selling food the fee is \$50.00. Only Town of Malta committees can have their fee waived.
- Space will be rented on a first come, first serve basis once the application, payment, hold harmless agreement (see below) and a certificate of insurance has been received. Booth space is limited.
- The deadline for submitting applications is Friday August 22, 2025. The vendor agrees to indemnify and hold harmless the Town of Malta against any and all claims, damages, losses and expenses.
- 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. If someone is not insured or runs into any issues, they should call Kristan Gottmann Director of Parks & Recreation, (518) 899-4411 X 303 to see if it can be waived. The goal is to protect the Town from loss or exposure to loss resulting from any possible negligence on the part of a vendor. This transfers any associated risks from the Town to the insurer.

12. If you have a large display or banner please note here the size of your display. \_\_\_\_\_

## TOWN OF MALTA HOLD HARMLESS AGREEMENT

By signing below, the vendor \_\_\_\_\_  
(Name of Business or Not for Profit)

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
Business Booth	(\$25) _____
Non-Profit Booth	(\$25) _____
Business or Non-Profit selling Food	(\$50) _____

\_\_\_ Enclosed is a check in the amount of \$ \_\_\_\_\_

\_\_\_ The signed contract

\_\_\_ A Certificate of Insurance naming the Town of Malta additional insured

Cardholder Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

Return contract, remittance and Certificate of Insurance to:  
Department of Parks & Recreation RE: Malta Community Day  
Town of Malta  
One Bayberry Drive  
Malta, New York 12020  
Or Email: [asanders@malta-town.org](mailto:asanders@malta-town.org)

**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.**

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