



# Town of LaGrange Parks & Recreation 2019 Community Day Vendor Registration Form



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

Full Address \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

TYPE OF MERCHANDISE/BOOTH \_\_\_\_\_

Please describe in detail what activity or item you will be offering at your booth:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Spaces are approximately 8 feet. **Vendors must supply their own tables and chairs.**

Do you require electricity? \_\_\_\_\_ If yes, for what? \_\_\_\_\_

Are there items you wish to sell? If so, explain \_\_\_\_\_

\_\_\_\_\_

Will you donate a product or certificate to be used as a prize item? Y / N Please describe \_\_\_\_\_

**Those wishing to sell food must pick up a Health Dept. Permit application in the Recreation Office ASAP and return completed application and permit fee to Recreation Office at least 30 days prior to event for processing and approval. Certain vendors will be required to provide Certificate of Insurance naming the Town of LaGrange as additional insured.**

Non-Profit Group \_\_\_\_\_Y \_\_\_\_\_N

**Community Day is Saturday, June 8th, 12:00 - 10:30pm**

**Set up begins at 9:00a.m. and vendors are required to stay until 6:00p.m. All vendors must be fully set up by 11:30am and remain fully set up until 6:00pm. Please plan your staffing accordingly.**

**PERMISSION/AGREE TO HOLD HARMLESS:**

As the participant signed below, knowing fully that the Town of LaGrange Parks and Recreation Department and the Community Day Committee provide this special event and all aspects associated with these being -Facility (s), and Equipment: I hereby: 1. Agree to furnish my own insurance in case of injury, 2. Assume all risks and responsibilities of possible injury involved with participating in this special event. 3. Further agree to indemnify and hold harmless the Town of LaGrange, department or employees, to include volunteers, from liability resulting from my participation in this event.

**Vendor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please note:** Application does not guarantee approval of a booth request. The Community Day Committee will review your application and contact you. We welcome new and past vendors as well as LaGrange businesses. We try to limit the number of similar vendors.

**Please mail registration form to:**

Town of LaGrange  
Community Day Committee  
120 Stringham Rd.  
LaGrangeville, NY 12540

**Please take note of these other important guidelines:**

1. Setup begins at 9:00 a.m. You must be completely set up by 11:30am and your vehicle moved to appropriate parking spaces. No exceptions!
2. Booths must remain open from Noon to 6:00pm.
3. The Committee reserves the right to approve all vendors to minimize duplication. Approval guidelines are as follows:
  - A) First, to vendors who have participated in prior years.
  - B) Second, according to the date of application.
4. Please no pets in the park, unless service dogs.
5. You are not permitted to change your approved booth items.
6. Vendors are responsible for securing their items and booth in case of inclement weather.
7. If guidelines for food permit applications are not strictly followed, your group will be denied food selling privileges. It takes time to coordinate this with the Department of Health.
8. Please follow all instructions of staff and event volunteers.
9. Drop off and parking instructions will be given upon arrival.
10. All booth decorations must be **completely removed** at end of event, including tacks, staples and tape.

**Thank you for participating in LaGrange Community Day.**

Questions can be directed to the Parks & Recreation Office at 845-452-1972 or e-mail [recreation@lagrangeny.gov](mailto:recreation@lagrangeny.gov).

FOR OFFICE USE ONLY	
Date Received _____	Repeat Vendor ____ Y ____ N
Food Vendor ____ Y ____ N	
Food Permit Application Completed and Returned on _____	Date Returned _____
Certificate of Insurance provided (if applicable) _____	
Booth Space Assigned ____	Location of Booth _____
Raffle/Prize Item Donated _____	
Community Day Sponsor ____ Y ____ N	
Sponsor Level _____	