

# YALE AREA CHAMBER OF COMMERCE

## 33RD YALE BOLOGNA FESTIVAL

JULY 28, 29, 30, 2023

---

This AGREEMENT is made and entered into on the date "Sponsor" has signed below, by and between the Yale Area Chamber of Commerce, hereinafter referred to as the "Sponsor" and \_\_\_\_\_ representing \_\_\_\_\_ hereinafter referred to as the "Vendor".

**As the Sponsor desires to present a festival to the general public during the dates of July 28, 29, 30, 2023 in downtown Yale and as the Vendor desires to locate in the Festival area during the dates indicated above for the purpose of selling its goods and/or services to the general public, the Sponsor and the Vendor mutually agree to the following terms and conditions:**

### **OBLIGATIONS OF SPONSOR**

The Sponsor will furnish a location in the festival area for the Vendor's concession operation and will allow Vendor to operate its concession during the dates indicated above, at hours not less than those operated by the festival or as agreed to by the Sponsor. Sponsors decision as to which location will be FINAL.

### **OBLIGATIONS OF VENDOR**

1. Vendor will furnish goods and / or services **suitable for a family oriented event** at the above mentioned location, on specified dates and times. Please describe type of goods and / or services; use back of this page if necessary

---

**Vendor booth space required: Width \_\_\_\_\_ Depth \_\_\_\_\_**

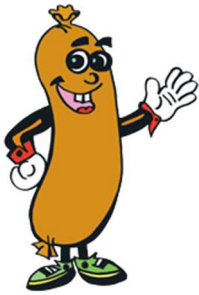
Circle all that apply and / or make sure needs are known BEFORE the festival. Any vendor that comes to the Yale Bologna Festival without naming specific needs BEFORE the event forfeits the right to demand the need AND their vendor payment AND possibly their space if needs cannot be met.

**Do you need water? YES / NO**

**Do you need electric hookup? YES / NO If so, what wattage \_\_\_\_\_**

You must provide your own hose/ electrical hook up lines and must secure them.

2. Vendor will provide Sponsor with a **Certificate of Liability Insurance** naming both the Yale Area Chamber of Commerce AND the City of Yale as certificate holders with this application.
3. Vendor must contact the St. Clair County Health Department to secure a Temporary Food Service License as required under the Michigan Food Law.



# YALE AREA CHAMBER OF COMMERCE

## 33RD YALE BOLOGNA FESTIVAL

JULY 28, 29, 30, 2023

---

4. In consideration for being allowed to operate in the Festival area, Vendor will pay Sponsor a fee of *Three Hundred Fifty Dollars (\$350.00)* due at the time the contract is submitted. Contract, payment and Certificate of Liability insurance must be received by the Sponsor no later than June 1, 2023.
5. Vendor has read the "Letter to the Vendors" which contains important information \_\_\_\_\_ initial

### VENDOR BOOTH WAIVER

In consideration of the City of Yale and the Yale Area Chamber of Commerce allowing the Vendor to have a vendor space at the Yale Bologna Festival, the Vendor agrees to assume any and all liability and hold the City of Yale and The Yale Area Chamber of Commerce harmless against any liability and hold which may arise due the Vendor's operation of the vendor booth except for those claims arising out of the sole negligence of the City of Yale and the Yale Area Chamber of Commerce, its agent and / or employees.

We, the Vendor, further acknowledge that the City of Yale and the Yale Area Chamber of Commerce assumes no responsibility for any damages or injuries which may occur in the operation of the vendor's booth.

We, the Vendor, further agree to abide by all ordinances, laws and regulations of the City of Yale, the County of St. Clair and the State of Michigan.

This AGREEMENT may not be transferred by either party, nor may the rights or duties be assigned in any way. Such a transfer of assignment shall make this agreement null and void at the time of such assignment or transfer.

IN WITNESS THEREOF, the SPONSOR and the VENDOR hereby indicate agreement with all terms and conditions set forth herein as evidenced by their respective signatures set down as dated below.

Vendor Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Vendor Representative Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Authorized Representative of Sponsor \_\_\_\_\_  
Date \_\_\_\_\_

St. Clair County Health Dept. 3415 28<sup>th</sup> St, Port Huron, MI 48060 810-987-5300

P.O. Box 59 Yale, MI 48097 810-387-YALE  
102 S. Main St. Yale, MI 48097 810-387-9253 YaleMiChamber@gmail.com