



THURSDAY AUGUST 13, 4pm - 10pm
FRIDAY AUGUST 14, 4pm - 10pm
SATURDAY AUGUST 15, Noon - 10:30pm

APPLICATION FOR 2026 FOOD VENDOR

STEP ONE: Complete ALL of the following information:

NEW VENDOR RETURNING VENDOR

BUSINESS NAME:
NAME OF OWNER:
ADDRESS:
CITY: STATE: ZIP:
PHONE: CONTACT # DURING EVENT:
TAX ID#

SOCIAL MEDIA PAGE NAME and/or WEBSITE:

WHAT DO YOU SELL/MAKE?

STEP TWO: Specify your electrical and water needs.

Electrical needs:

Do you need access to water? YES NO
If yes, do you need running water hooked up to your trailer/truck? YES NO

Please acknowledge that you've read the following statement:

PLEASE BRING YOUR OWN GENERATOR for emergency backup. Festival is not responsible for loss of power. By checking this box, I acknowledge the statement in Step Two.

STEP THREE: Describe your setup.

Tent Trailer Food Truck Other

Setup Requested:

FT Wide - \$30/foot Frontage (Across Front, Max 40') + \$5/Foot Frontage for Garbage
FT Deep (Front to Back, Max 20') -> NO EXCEPTIONS TO MAX FRONTAGE <-
\$ TOTAL DUE

STEP FOUR: Sign this application and Indemnification Agreement, below.
Read and acknowledge the below Insurance Requirements, for your COI.

STEP FIVE: To submit your application and hold your space, you are required to submit ALL the following BY MAIL.

(be sure to mail everything together; we will NOT accept incomplete applications)

- This signed application
- The signed Indemnification Agreement.
- Your payment IN FULL, by check.
Check is payable to: **Schuyler County Italian American Festival**
- Your Certificate of Insurance

MAIL TO: Schuyler County Italian American Festival
Attn: Vendor Committee
PO Box 65, Watkins Glen, NY 14891

STEP SIX: You will be notified once your application has been reviewed and confirmed.
You'll receive instructions for setup and teardown as we get closer to the festival.

PLEASE SIGN AND DATE THIS APPLICATION:

Signature: _____

Date: _____ / _____ /2026

INSURANCE REQUIREMENTS

Vendor shall maintain and provide evidence of Commercial General Liability insurance including products/completed operations on an occurrence basis with a limit of not less than \$1,000,000. Policy shall be endorsed to name the Village of Watkins Glen, its officers, elected officials, volunteers, and employees and the Schuyler County Italian American Festival Inc. as Additional Insured on a primary and non-contributory basis. Policy shall also be endorsed to include Waiver of Subrogation in favor of the Village of Watkins Glen and the Schuyler County Italian American Festival Inc. Coverage dates must include the date you arrive to set up through the date your concession is removed from Clute Park. Please include copies of the Additional Insured Endorsement and Waiver of Subrogation Endorsement with certificates of insurance evidencing coverage.

CHECK TO ACKNOWLEDGE YOU'VE READ THE INSURANCE REQUIREMENTS.

NEXT PAGE IS THE IDEMNIFICATION AGREEMENT.

Indemnification Agreement & Hold Harmless Agreement:

To the fullest extent permitted by law, the vendor shall indemnify and hold harmless The Village of Watkins Glen, its officers, elected officials, volunteers, and employees and the Schuyler County Italian American Festival Inc. from and against all claims, damages, losses and expenses, including but not limited to attorney's fees, arising out of or resulting from the performance or participation of the vendor provided that any such claims, damages, losses or expense (1) are attributed to bodily injury, sickness, disease or death or destruction of tangible property including the loss of use resulting therefore, and (2) are caused in whole or in part by any negligent act or omission of the vendor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in part by indemnified hereunder. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity which would otherwise exist to any party or person described in this paragraph.

BUSINESS NAME: _____

NAME OF OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Signature: _____

Date: _____ / _____ /2026



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL232312702

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	Policy Number			EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULE AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

Sample Certificate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Participation in the 2020 Italian American Festival on (include set up to tear down dates).

Village of Watkins Glen, its officers, elected officials, volunteers, and employees and Schuyler County Italian American Festival, Inc. are named as additional insureds on a primary and non-contributory basis per policy terms and conditions. Policies are endorsed to include Waiver of Subrogation in favor of the Village of Watkins Glen and the Italian American Festival, Inc.

Attach copies of Additional Insured Endorsement & Waiver of Subrogation Endorsement

CERTIFICATE HOLDER

CANCELLATION

Village of Watkins Glen & Schuyler County Italian American Festival, Inc. 303 N. Franklin Street Watkins Glen NY 14891	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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