



*A Sip of Wine...  
A Taste of Heaven*



## 2019 Vendor Agreement

VENDOR: \_\_\_\_\_ Food Vendor \_\_\_\_ Non-Food Vendor \_\_\_\_

Food Vendor License #: \_\_\_\_\_

President/Owner (signature): \_\_\_\_\_

Printed name of President/Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### **FOOD VENDOR BOOTH INFORMATION:**

\_\_\_\_\_ **10x10 space with two 8ft skirted tables and two chairs**

Placed under tent to comply with State Regulations

Paper Plates, Napkins, and Forks will be supplied

Each Food Vendor will receive two VIP/Main Event Passes and Four Volunteer Passes for the event.

\_\_\_\_\_ **Indicate Food being sampled:** \_\_\_\_\_

### **NON-FOOD VENDOR BOOTH INFORMATION: \$350.00**

\_\_\_\_\_ **10x10 space with one 8ft skirted tables and two chairs**

Pricing for non-food vendors does not include placement under a tent.

Non-Food Vendors will receive two Volunteer Passes for the Main Event Only.

### **Please check below if additional tables, chairs or electrical outlets are needed:**

\_\_\_\_\_ \$10 Each Additional Chair (NON-REFUNDABLE)

\_\_\_\_\_ \$25 Each Additional Table (NON-REFUNDABLE)

\_\_\_\_\_ Electrical Outlet Voltage Needed: \_\_\_\_\_

(\$50.00 per/outlet needed and **MUST** be requested at time of registration for proper placement)

### **ALL VENDORS PAY:**

**\*\$100.00 deposit\* per/space (Limited two spaces per vendor)**

\*50% of the deposit will be returned to food vendors within 30 business days after inspection of area at time of clean up. Vendors will be held responsible for the area in which their booth is stationed. If area is not returned to the original clean condition at the end of the event, the deposit will be kept. (Initial \_\_\_\_\_)

Additionally, vendor deposits will not be returned if vendor fails to attend the event after providing a completed and signed Food Vendor agreement, leaves the booth area in a damaged condition, or cancels agreement within 14 days of the event.

**ORIENTATION** - There will be a **mandatory orientation on Thursday, February 28, 2019.** Any changes to the final layout **MUST** be made at this time. (Initial \_\_\_\_\_)

## **SECURING YOUR RESERVATION**

The Vendor's space will be assigned on a **first come, first served basis** upon signature of completed registration forms which includes submission of certificate of insurance (proof of insurance for an event, see item #5 for details) and a payment in the total amount payable by check, cash or credit card. Your space will not be held unless all of the required pieces are submitted. (Initial \_\_\_\_\_)

The Agreement is entered into between, "***A Sip of Wine....A Taste of Heaven.***" ("The Event"), and the undersigned Vendor, ("the Vendor"). As an authorized agent or officer of the business, named below, the Vendor hereby agrees to the following terms and conditions as contained in the Agreement.

1. It is hereby agreed that I, \_\_\_\_\_ as an authorized representative for \_\_\_\_\_ (the Vendor) will occupy one booth and offer 1,000 sample items of food/drink as listed on sheet attached hereto and made a part of the Agreement, at "A Sip of Wine....A Taste of Heaven," held on **Saturday, March 9, 2019** beginning at 7 pm. Set up for vendors will begin day of event at **2:00 pm** and the vendor must be set up by 6 PM. (Initial \_\_\_\_\_)
2. In exchange for the rights to promote your menu items, market and advertise your business, the Vendor shall follow the following guidelines:

## **GENERAL INFORMATION:**

3. The Vendor shall, to the satisfaction of the Sip and Taste event, fully comply with the Florida Department of Business & Professional regulations.  
[http://myfloridalicense.custhelp.com/app/answers/detail/a\\_id/1570/kw/temporary](http://myfloridalicense.custhelp.com/app/answers/detail/a_id/1570/kw/temporary)  
Guide to Temporary Food Events [http://www.myfloridalicense.com/dbpr/HR/forms/documents/5030\\_034.pdf](http://www.myfloridalicense.com/dbpr/HR/forms/documents/5030_034.pdf)
4. The Vendor shall abide with all applicable Federal, State, County and City laws and regulations and be responsible for obtaining and or possessing any and all permits and licenses that may be required including, State Health Department regulations and food handling permits.
5. **USE OF GRILLS** - If you plan on using any propane/gas related appliances or plan on having an open flame at the event. You must secure a permit with the City of Miramar Fire Department. Call 954-602-4882
6. **EXTRA ELECTRICAL** - Furnish all electrical appliances, extension cords and equipment necessary for the preparation of food and for your booth. You must have a minimum of a 50 ft high grade electrical cord.
7. **SERVING SUPPLIES** - Furnish anything above and beyond supplied by Chamber that will be needed to serve at the booth.
8. **SET UP** – Booth must be completely set-up, decorated and ready to open for sampling by **6:00 p.m.**
9. **CLEAN UP** - Clean-up the Vendor's assigned area, including but not limited to the collection of all food, grease, refrigerators, food warmers, paper goods, serving dishes, extra tables and chairs, leaving the assigned area clean within one hour after the event has concluded. In the event that the area is not returned to original condition, the vendor agrees to forfeit the \*deposit\* and pay any additional costs if damage to area is assessed.
10. **INSURANCE** - The Vendor shall procure and maintain, throughout the term of this Agreement, insurance coverage reflecting at a minimum an amount of not less than one million dollars (\$1,000,000.00) for bodily injury and general liability coverage. **(A SAMPLE IS ATTACHED TO THIS AGREEMENT.) THE CERTIFICATE OF INSURANCE REFLECTING THE REQUIRED COVERAGE MUST BE ATTACHED AND MADE A PART OF THIS AGREEMENT.**
  - Please contact your insurance provider and request an addendum to cover this specific event.
  - Send your copy into the MPPRCC office upon receipt.

*The coverage required shall extend to all employees of the Vendor and shall include the Miramar-Pembroke Pines Regional Chamber of Commerce and the City of Miramar as additionally insured.*

11. For value received, which is hereby acknowledged by the receipt of the booth application fee of \$100.00 deposit to the Vendor shall defend, indemnify, save, and hold harmless The Miramar-Pembroke Pines Regional Chamber of Commerce and the City of Miramar, its assigns, and employees, harmless from any and all claims or causes of action, including without limitation, all damages, losses, liabilities, expenses, costs, and attorney's fees related to such claims, resulting from any negligent or intentional act or omission, or the violation of any federal, state, or local law or regulation, by the vendor, its subcontractors, agents, assigns, invitees, or employees in connection with this Agreement. The Vendor further acknowledges that he or she is solely responsible for ensuring its compliance and the compliance of its subcontractors, agents, assigns, invitees and employees with the terms of this Agreement. The provisions of this paragraph survive the termination or expiration of this Agreement.
12. The Vendor shall not assign, delegate, or otherwise transfer its rights and obligations as set forth in this Agreement without the prior written consent of the President of the MPPRCC. Any attempted assignment in violation of this provision shall be void.
13. The laws of the State of Florida shall govern all aspects of this Agreement. In the event it is necessary for either party to initiate legal action regarding this Agreement, venue shall be in the Seventeenth Judicial Circuit for claims under state law and in the Southern District of Florida for any claims which are justifiable in federal court
14. The Event may terminate this Agreement at any time upon twenty-four (24) hours prior notice to the Vendor or the day of the event if vendor is not complying with agreement or a natural disaster/ weather occurs.
15. Except those provisions contained within which survive the termination of this agreement, the terms of this Agreement shall commence on the acceptance date by the Vendor on the last page of this Agreement and shall continue until all contractual obligations are completed.
16. **RAIN-** The event is set up for a PLAN B. The event will take place rain or shine.
17. **ORIENTATION** - There will be a **mandatory orientation on Thursday February 28, 2019**. Any changes to the final layout **MUST** be made at this time.. **NO CHANGES WILL BE MADE TO THE BOOTH OR ITS LOCATION AFTER THE DATE OF ORIENTATION.**
18. **AWARDS/JUDGING:** Food Exhibitor Booths will be judged throughout the evening. There will be four awards given at the end of the evening:
  - **"SILVER PLATTER AWARD" - big business award- adjudicated**
  - **"IN PERFECT TASTE" AWARD - small business award- adjudicated**
  - **"PEOPLE'S CHOICE AWARD" - voted by the attendees**
  - **"DELICANT ENDING" – dessert award - adjudicated**
    1. Criteria and award details will be shared upon receipt of your completed application. Automatic disqualification if standards are not met.
    2. To furnish all decorations for the booth(s) in accordance with the theme of your choice.
    3. Each booth will be subject to adjudication to be considered for the award

Company: \_\_\_\_\_ Date: \_\_\_\_\_

President/Owner (signature): \_\_\_\_\_

Printed name of President/Owner: \_\_\_\_\_

Check payable to MPPR Chamber / mail to:  
**Miramar-Pembroke Pines Regional Chamber of Commerce**  
**9001-B Pembroke Road, Pembroke Pines, FL 33025**

<b>ACORD<sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 01/15/2008
PRODUCER (800)763-4775 FAX (973)763-1635 Marine Agency Corporation 191 Maplewood Avenue Maplewood, NJ 07040 Laura Byron		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Blue Waters Holistic Center LLC 18503 Pines Blvd., Suite 309 Hollywood, FL 33029 <i>-Business Name Here-</i>		INSURERS AFFORDING COVERAGE INSURER A: New Hampshire Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E:
		NAIC #

#### COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	TBPL9194213011140062	07/10/2007	07/10/2008	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Per accident) \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				\$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$
	OTHER				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Additional Insured for One Day Event Only for providing Chair Massage ONLY on March 15, 2008:  
 Miramar-Pembroke Pines Regional Chamber of Commerce - held at Miramar City Hall Plaza,  
 2300 Civic Center Place, Miramar, FL 33025

#### CERTIFICATE HOLDER

Miramar-Pembroke Pines Regional Chamber of Commerce  
 10100 Pines Blvd., 4th Floor  
 Pembroke Pines, FL 33026

#### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
 Laura S. Byron *Laura Byron*