



BUSINESS FOOD / VENDOR APPLICATION

August 5 -7th 2022

Friday 4pm – Sunday 4pm

Vendor Name: _____

Contact Person: _____

Mailing Address: _____

Email Address: _____

Telephone: _____ Tax ID # Required: _____

Cost per event is based on 12' frontage X 12' depth: \$220.00 X _____ spaces = Total \$ _____

Additional space is available per linear foot at: \$ 20.00 X _____ extra ft. = Total \$ _____

Electricity charged per usage: 1 day \$ 50.00 = Total \$ _____

2 days \$ 75.00 = Total \$ _____

3 days \$100.00 = Total\$ _____

Total Due \$ _____

Please indicate length X width of setup: (_____) Concession Trailer _____

() Portable Building _____ () Tent _____ () Describe Other _____

You are responsible for your own potable water, hoses, backflow preventers, cords and hook ups.

DESCRIBE ALL FOOD PRODUCTS OR ITEMS TO BE SOLD (be specific)

Food Vendor setup is no earlier than 11:00 AM, August 5th. Power will be turned off at 4 p.m. on Sunday. There is NO potable water, you will need to bring your water or go across the street to the fire station to obtain filtered water. See attached notification from selectmen.

When will you be setting up? Friday _____ Saturday morning _____

All food vendors using a grill are required to have grill covers with Ancel Vapor Systems in place.

The committee reserves the rights to reject or suggest removal of certain items. Once items are approved no other products may be sold.

Questions email Charlotte Boutin fcharlf@comcast.net (603) 264-6814



PAYMENT INFORMATION

Vendors must provide certificate of liability insurance with minimum limit of \$1,000,000. The Town of Kingston must be named "Additional Insured."

Check in the amount of \$_____ (total space(s)+ electricity)
Payable to: Town of Kingston with "Food Vendor 2022" in the memo line.

**Return completed application, copy of valid Certificate of Liability Insurance,
Non-Potable Water Notice and check by June 20, 2022 to:**

Charlotte Boutin
153 Route 125
Kingston NH 03848

Committee User Only:

Paid by Check # _____ Paid in Cash: _____

Received by: _____

\$\$\$\$ _____

Certificate of Liability of Indemnification Agreement _____

Non-Potable Water Notice: _____ Tax ID # _____

No space set up prior to Friday August 5th

TOWN OF KINGSTON
PO BOX 716
KINGSTON NH 03848

-PARTICIPANT-
GENERAL RELEASE AND INDEMNIFICATION AGREEMENT

I. RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT; PARTICIPANT (AND PARENT(S)/LEGAL GUARDIAN(S), IF APPLICABLE) MUST READ CAREFULLY BEFORE SIGNING.

In consideration for being permitted to engage in the following activities:

I hereby acknowledge, represent, and agree as follows:

- A. I understand that the above-described activities are or may be dangerous and do or may involve risks of injury, loss, or damage. I further acknowledge that such risks may include but not be limited to bodily injury, personal injury, sickness, disease, death, and property loss or damage, arising from the following circumstances, among others:
(Participant [and parent/legal guardian, if applicable] initials here) _____
- B. By signing this RELEASE AND INDEMNIFICATION AGREEMENT, I hereby expressly assume all such risks of injury, loss, or damage to me or to any related third party arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of Town of Kingston, its officers, its employees, or by any other cause.
(Participant [and parent/legal guardian, if applicable] initials here) _____
- C. By signing this RELEASE AND INDEMNIFICATION AGREEMENT, I further hereby exempt, release, and discharge Town of Kingston, its officers, and its employees, from any and all claims, demands, and actions for such injury, loss, or damage, arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of Town of Kingston, its officers, its employees, or by any other cause.
(Participant [and parent/legal guardian, if applicable] initials here) _____
- D. I further agree to defend, indemnify and hold harmless Town of Kingston, its officers, employees, insurers, and self-insurance pool, from and against all liability, claims, and demands, including any third party claim asserted against the Town of Kingston, its officers, employees, insurers, or self-insurance pool, on account of injury, loss, or damage, including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, which arise out of or are in any way related to the above-described activities, whether or not caused by my act, omission, negligence, or other fault, or by the act, omission, negligence, or other fault of Town of Kingston, its officers, its employees, or by any other cause.
(Participant [and parent/legal guardian, if applicable] initials here) _____

TOWN OF KINGSTON
PO BOX 716
KINGSTON NH 03848

- PARTICIPANT -
GENERAL RELEASE AND INDEMNIFICATION AGREEMENT
(continued)

E. By signing this RELEASE AND INDEMNIFICATION AGREEMENT, I hereby acknowledge and agree that said Agreement extends to all acts, omissions, negligence, or other fault of Town of Kingston, its officers, and/or its employees, and that said Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of New Hampshire. If any portion hereof is held invalid, it is further agreed that the balance shall, notwithstanding, continue in full legal force and effect.
(Participant [and parent/legal guardian, if applicable] initials here) _____

F. I understand and agree that this RELEASE AND INDEMNIFICATION AGREEMENT shall be governed by the laws of the State of New Hampshire and that jurisdiction and venue for any suit or cause of action under this Agreement shall lie in the courts of New Hampshire.
(Participant [and parent/legal guardian, if applicable] initials here) _____

This RELEASE AND INDEMNIFICATION AGREEMENT shall be effective as of the date set forth below and shall be binding upon me, my successors, representatives, heirs, executors, assigns and transferees.
(Participant [and parent/legal guardian, if applicable] initials here) _____

II. PARTICIPANT SIGNATURE AND DATE:

Participant _____ Date _____
Name of Business _____
Name of Business Owner _____

III. PARENT/LEGAL GUARDIAN SIGNATURES: (Each parent/legal guardian must complete the following if the Participant is under 18 years of age.)

A. I am/we are the parent(s)/legal guardian(s) of the Participant and by my/our signature, agree to be bound by and responsible for all of the provisions of this RELEASE AND INDEMNIFICATION AGREEMENT, on behalf of ourselves, the Participant, and the successors, representatives, heirs, executors, assigns, and transferees of ourselves and the Participant.

B. I/we consent to the Participant's execution of this RELEASE AND INDEMNIFICATION AGREEMENT and participation in the activities described in Part I.

Printed Names and Signatures of Parents/Legal Guardians (if applicable):

Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____



TOWN OF KINGSTON
Department of Health
Kingston, New Hampshire 03848
healthofficer@kingstonnh.org



February 8, 2019

Subject: Non-drinkable (non-potable) water from the well on the Plains.

Presently water drawn from the well located on the Plains is not drinkable (non-Potable) water.
Persons using water drawn from the well shall not use this water for food preparation, or consumption in any form.

I have read and understand this notification.

Printed Name

Organization/Company Name

Signature/Date