

Borough of Edgewood

2 Race Street, Edgewood, PA 15218 Ph: 412-242-4824 Fax: 412-242-4027 Community Day 2024
Selling hours:12:30-7pm.
*If selling until fireworks,
vendors must remain in
place with lights off until
fireworks are done.

Vendor Application

Event:	Submission Date:			
Fee: (Payable to 'Borough of Edge	wood')			
☐ \$25.00 (10x10 market ve	ndor) \$50.00 (food vend	lor/oversize set-u	p)	
Type of Vendor: □ Market Vendor □ Food S	Service □ Non-Profit (Tax ID	#:)
□ Other				_
Primary Contact Person:				
Business/organization:				
Address:	City	State	Zip	
Office Phone:	Cell:		_	
Email:				
Description of items sold/planned activities:				
Do you have any additional needs?				

Additional Information

Vendors are responsible for providing their own equipment, such as a **weighted** tent, tables, chairs, display pieces, etc. These items are not provided by the event organizers. Vendors may begin setup 1 hour prior to the event, and have 1 hour following the event to clean up and remove all items from the field. Vendors shall read, sign and submit all required documentation, including the **Insurance Requirement and Liability Release** and the **Vendor Code of Conduct,** prior to the event, and agree to all requirements outlined therein.

This form and all attachments may be submitted to the Borough Building Administrative Office at the address at the top of this form or sent electronically to the email below. Any questions may be directed to: Abigail Ault, Community Outreach Coordinator Office@EdgewoodBoro.com

Insurance Requirement and Liability Release

As representative of my business or organization, I do hereby release the Borough of Edgewood from any claim or liability resulting from my use, and the use of others under my control, of Koenig Field, as it pertains to the listed event and for the agreed term of use of the space. During said designated time, I shall be responsible for the supervision of my vendor space, and control of all equipment related to my set-up. Furthermore, as required on this form, I agree to provide a valid Certificate of Insurance with the 'Borough of Edgewood' listed as co-insured or to complete the COI Waiver.

, (Sign)			
, (Date)			
Attachments:			
☐ \$25.00/\$50.00 Fee, or Non-Profit Tax Identification			
☐ Certificate of Insurance with Borough of Edgewood listed as co-ir	nsured, or COI Waiver form		
☐ In the absence of a Certificate of Insurance, I agree to the following	ng Insurance Waiver:		
	of my business, enting a Certificate of Insurance		
naming the Borough of Edgewood as the 'additional insured,' do hereby assuse of my vendor space at Koenig Field, including injury liability, as well as a damage, inasmuch as it is being used for the requested event, and for the avendor space is defined as the portion of Koenig Field that is used by an including or promoting a product or service, and includes the grounds as well anything attached to the vendor space used to support it (including, but not cords/cables). I release the Borough of Edgewood from any claim or liability of others under my control.	product liability and property agreed term of use of the space. A dividual vendor for the purposes of as all equipment thereon, or limited to tents, tables, chairs,		
, (Initial)			
(Date)			