

## **Vendor Application**

Vendor Name:		
Contact Person:		
Address:	Phone:	(Day) (Night)
Event: Location:		
Items to be sold or specific services provided:		
<b>Insurance Requirements:</b>		
Frederick County, Virginia requires a Certificate of General Liab Frederick County, Virginia as the additional insured. The Certificate of General Liab Frederick County, Virginia as the additional insured.		
Insurance Expiration Date: Copy of Insurance Certificate on File/If not needed please mark N/A		
<b>Vendor Options: (Select One)</b>		Insurance Limits
<ul> <li>□ Concessions/Tournaments/Special Events</li> <li>□ Caterers – Full Food Service</li> <li>□ Cotton Candy, Popcorn, Snow Cones, Drink Hot Dogs, Funnel Cakes or similar food cor</li> <li>□ Clowns</li> <li>□ Pony Rides</li> <li>□ Strolling Musician</li> <li>□ Childrens Entertainment</li> <li>□ Disc Jockey (DJ) Services</li> <li>□ Magician</li> <li>□ Amusements-Moonwalks, Inflatables and sir</li> <li>□ Midway Style Games, Speciality Prizes or si</li> </ul> I agree to provide insurance as mentioned above.	ncessions milar offerings	\$1,000,000 \$1,000,000 None required \$1,000,000 None required Subject to type None required Subject to type \$1,000,000 \$1,000,000
Vendors' Signature/Name of Company	Date	
Frederick County Parks and Recreation Representative	Date	·······
Office Use Only: Vendor Permit Number Issued:		