



Food Vendor Information - 2018

Dear Friend of Adopt-A-Dog:

Adopt-A-Dog, Inc. is a non-profit organization founded in Greenwich, CT with our shelter located in Armonk NY. For over three decades, we have put adoptable dogs and cats together with responsible people who would like to adopt a new pet. We work in cooperation with shelters, veterinarians, and other public and private organizations and individuals, from Connecticut, New York and beyond to help animals who would otherwise "get lost in the shuffle" of daily life.

Every year in September we have a "just for fun" dog show in Greenwich to raise funds for our ongoing efforts throughout the year. Dozens of companies, non pet product and pet product vendors alike, participate each year by reserving a space.

We're busy getting ready for our special 30th annual PUTTIN' ON THE DOG FESTIVAL OF FUN, which will be held Sunday, September 18th, 2018. **The show will be on rain or shine, there is no rain date.** As always, we appreciate your past support. Newcomers, we welcome you to join us and wish to extend an invitation to reserve a space(s) at the show.

We would like to offer you an opportunity to join our show by reserving a space (**a \$100 nonrefundable donation payable to Adopt-A-Dog, Inc.**) at our event **Sunday, September 16th, 2018**. Gates are open to the public from 10am to 4:30pm. I am enclosing the forms for your convenience; please *return a copy of all completed forms and certificate of insurance to me no later than **September 1, 2018***, as well as to the Greenwich Health Department (\$122.00 Town Fee payable to the Town of Greenwich). Note that after July 1, 2018 the Town of Greenwich fee will go up, which we are not aware of quite yet, so best to reserve early to avoid increased fee.

In addition to the completed forms, the Certificate of Insurance from your insurance company confirming that you have the **required** coverage is necessary is **mandatory** by the town of Greenwich. You are required to submit Health Forms directly to the Town of Greenwich Health Department and please send a copy to myself for our files.

Please plan to arrive Sunday, September 18th before **8:30 AM**, so you have ample time to set up.

Traffic in town on Sunday mornings is minimal, so once you've unloaded; you are asked to park additional vehicles in the Horseneck commuter lot across I95 to allow ample parking for show visitors and guests. **Please note that additional vehicles are required to be off the field by 8:45 AM.**

DIRECTIONS via I-95 from CT and NY: Take Exit # 3. Coming from northern CT, turn LEFT off the ramp; proceed under I-95 and the entrance to the field will be on your RIGHT, next to a brick building. Coming from NY, turn RIGHT off the ramp and the entrance to the field will be on your RIGHT, next to a brick building. If you come to Steamboat Road, you have gone too far.

We look forward to having you with us. If you have any questions, please call or email me.

Thank you for your support.

Sincerely,

Tory Ann Maiko
65 Cornfield Road
Milford, CT 06461
203-809-2732
tory@adoptadog.org



RELAX10

OP ID: NR

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 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):	
INSURED	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						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						PER STATUTE OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

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

Town of Greenwich and the Department of Parks and Recreation would be covered as additional insured per endorsement SS00080405, to the extent provided therein.

CERTIFICATE HOLDER TOWN030 The Town of Greenwich Dept. of Parks and Recreation 101 Field Point Road Greenwich, CT 06830	CANCELLATION 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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I wish to rent a space for “Puttin’ On the Dog Festival of Fun, **Sunday, September 16th, 2018**, at Roger Sherman Baldwin Park, Greenwich, CT. Enclosed is my non refundable donation check for \$100, made out to: Adopt-A-Dog, Inc. I understand that, Adopt–A-Dog, Inc will provide a space; and that I will provide proof of liability insurance as **required** by the Town of Greenwich and the Town of Greenwich Temporary Food Permit form with a check for \$130, made payable to the *Town of Greenwich* for the permit forms, certificate of insurance and check to town be sent directly to Town of Greenwich. **After 07/01/16 the Town raises the fee so get forms in early!!!**

Signed: _____

Name: _____

Company Name: _____

Address: _____

Phone: _____

Email: _____

Food Vehicle Size: _____

(Length and Width)

***Please mail or email all completed forms at once and certificate of insurance with check or call 203-809-2732 with credit card information.**

****Additionally, we are asking that the town forms be mailed directly to the Town of Greenwich (“TOG”)and a copy sent to me below; please do not forget to include your certificate of insurance!**

*Tory Ann Maiko (w/\$100 Fee)
65 Cornfield Road
Milford, CT 06461
203-809-2732
tory@adoptadog.org

**Town of Greenwich (w/\$130 Fee if you do not have a TOG license)
Department of Health
Division of Environmental Services
101 Field Point Road
Greenwich, CT 06830 – Phone 203-622-7838

**** Please know that our cutoff date to have all forms in/not mailed is September 1, 2018****

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**Department of Parks and Recreation
101 Field Point Road
Greenwich, CT 06836-2340**

VENDOR INSURANCE AGREEMENT

1. Name of Event: Puttin' On The Dog Festival of Fun
Location: Roger Sherman Baldwin Park, Greenwich, CT 06830
2. Date(s) of Event: Sunday, September 16th, 2018
3. Name of Vendor (Print) _____
4. Name of Vending Company: _____
(If different than # 3)
5. Your Vending Product is: _____ Food _____ Beverage _____ Arts/Crafts _____ Other

Vendor shall furnish a Certificate of Insurance and agrees to procure and maintain such at his/her/its sole cost and expense comprehensive general liability insurance with combined single limit coverage of \$1,000,000 per occurrence and \$2,000,000 in the aggregate. On the Certificate of Insurance the *Description* area should read: "Town of Greenwich and the Department of Parks and Recreation as additional insured" and the *Certificate Holder* area should read: The Town of Greenwich, Dept. of Parks and Recreation, 101 Field Point Road, Greenwich, CT 06836.

Vendor's Signature

Date

Vendor's Address

Vendor's Phone

THIS SECTION IS FOR TOWN OF GREENWICH USE ONLY

Certificate of Insurance received on: _____

Name of insurance company: _____

Address of insurance company: _____

Amount of insurance: _____

**Department of Parks and Recreation
101 Field Point Road
Greenwich, CT 06836-2340**

VENDOR HELD HARMLESS AGREEMENT

1. Name of Event: Puttin' On The Dog Festival of Fun
- Location: Roger Sherman Baldwin Park, Greenwich, CT 06830
2. Date(s) of Event: Sunday, September 16th, 2018
3. Name of Vendor (Print) _____
4. Name of Vending Company: _____
(If different than # 3)
5. Your Vending Product is: Food Beverage Arts/Crafts Other

HOLD HARMLESS AGREEMENT

The undersigned shall indemnify and hold harmless the Town of Greenwich and its officers, employees, agents, servants and assigns from and against any and all claims, demands, actions, suits, proceedings, liabilities, judgments, awards, losses, damages, costs and expenses, including attorneys' fees, on account of bodily injury, sickness, disease or death sustained by any person or persons or injury or damages to or destruction of any property, directly or indirectly arising out of, relating to or in connection with the vending by the undersigned pursuant to this permit or the granting by the Town of Greenwich of this permit, whether or not such claims, demands, actions suits or proceedings are just, unjust, groundless, false, or fraudulent ; and the undersigned shall and does hereby assume and agree to pay for the defense of all such claims, demands, actions, suits and proceedings.

Vendor's Signature

Date

Vendor's Address

Vendor's Phone