

# 4<sup>th</sup> of July Country Fair

Monday, July 4<sup>th</sup>, 2016 • 11:00 AM – 2:00 PM  
Roynon Elementary • 2715 "E" Street, La Verne



**BOOTH APPLICATION**  
**DEADLINE: THURSDAY, JUNE 16<sup>TH</sup>**

FOR - PROFIT • \$55    NON - PROFIT • \$30    GENERATOR HOOK-UP • \$10

ALL SPACES ARE 10' X 10'

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Phone (C): \_\_\_\_\_

**Please provide specific description of food and sale item types to help prevent duplication. No duplicate requests will be allowed with the exception of soft drinks, coffee, and water.**

Type of items sold: \_\_\_\_\_

Price range of items sold: \_\_\_\_\_

How did you hear about this event? \_\_\_\_\_

**INSURANCE IS MANDATORY** for Food, Animal, & Ride Vendors. Each vendor must provide proof of general liability insurance with a minimum \$1,000,000.00 limit. A copy of the certificate of insurance and endorsement naming the City of La Verne as additionally insured along with the endorsement page is required. Please see attached example. **Deadline for Health Department Applications are due Thursday, May 19<sup>th</sup>, 2016 by 4PM.**

Tables, tents, canopies, and electricity are not provided at this event. Booths using generators need to make sure they provide mats to cover cords.

**Submit Application to:**  
City of La Verne  
Community Services Department  
ATTN: Jennee Cubak  
3660 "D" Street  
La Verne, CA 91750

Payments by check or money order can be made out to:  
**"Friends of the Fourth"**  
*No Credit Cards will be accepted*  
**Questions? Call (909) 596 - 8776**

**Please note that applications are considered complete when we have received your application, payment, waiver form, and insurance where applicable.**

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Payment Amount: \_\_\_\_\_ Payment Method: \_\_\_\_\_

Received By: \_\_\_\_\_ Booth Number Assigned: \_\_\_\_\_

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**BOOTH WAIVER OF LIABILITY**

I, \_\_\_\_\_, on behalf of \_\_\_\_\_, hereinafter referred to as a  
"vendor/entertainer" agree:

In consideration of the participation in the 4<sup>th</sup> of July Country Fair as vendor/entertainer, I agree to indemnify and hold harmless the City of La Verne, and their officers, agents, representatives, employees, and or volunteers from any loss and/or liability, including expenses and costs, that may result from any injuries or death or damage to or loss of property that might be sustained while participating in such activities whether such death, injury, damage or loss is caused by passive or active negligence, omission or any other cause attributable to the City of La Verne, and their officers, agents, representatives, employees, and/or volunteers. **It is further understood that this indemnification is extended to include claims against the City of La Verne, their officers, agents, representatives, employees or volunteers filed by agents of vendor/entertainer or third party recipients of products or services provided by vendor/entertainer.**

**I HAVE CAREFULLY READ THE AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF LA VERNE, ITS OFFICERS, EMPLOYEES, AND AGENTS AND I SIGN IT OF MY OWN FREE WILL.**

Vendor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* \_\_\_\_\_ I agree to have my booth ready by 11AM and will not take down until 2PM on 7/4/16.  
(Initial)



POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

**City of La Verne, its elected officials, employees and or agents**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.