

2018 Atlantic Cape Community College

Farmers Market Vendor Application Form

Please return application by **11/17/2018**

**** MIGHT MISS THE DEADLINE? NO WORRIES JUST CONTACT US AND WE'LL RESERVE YOU A SPOT!**

Business Name: _____ Phone: _____

Contact Name: _____ Email: _____

Mailing Address: _____ City: _____ Zip: _____

PRODUCTS YOU PLAN TO SELL: # of spaces needed: _____ (10' X 10')

PLEASE CIRCLE \$50.00 FLAT FEE FOR ELECTRICITY [Check Here](#)

Food Artisan Products Flowers/Live Plants Wine, Beer or Spirits Food / Beverage Truck

OTHER (please specify) _____

Briefly describe the products you will sell: _____



2018 Season Promotional Rate:
\$250.00

June 28 – August 30, 2018

PAYMENT: Payable to: ATLANTIC CAPE COMMUNITY COLLEGE

Market fee is due along with your completed application

Please return your completed application with payment and necessary documentation to:

~~5100 Black Horse Pike~~

11th

ATLANTIC CAPE COMMUNITY COLLEGE

ATTN: ~~ME~~ _____

5100 Black Horse Pike, Mays Landing, NJ 08330-2699

QUESTIONS? Please ~~CE~~ Mari @ 609-463-3619 or mzgombic@atlantic.edu

All Vendors are **REQUIRED** to submit the following **Vendor Hold Harmless/Insurance Agreement and a Certificate of Insurance** (if business is covered)

2018 Vendor Hold Harmless/Insurance Agreement

The Vendor agrees to indemnify and save harmless the Atlantic Cape Community College from and against all claims of whatever nature arising from, or claimed to have arisen from, any action, omission or negligence of the Vendor, or arising from any accident, injury or damage whatsoever caused to any person or property arising out of Vendor's negligent or improper acts in the operation at the following listed events. The Food vendors agree to name the Atlantic Cape Community College as additional insured, and to provide a valid certificate of insurance with General comprehensive liability insurance (and comprehensive automobile liability insurance) for protection from claims of liability arising directly or indirectly out of any event going on, occasioned by, or resulting from any accident or otherwise on or about the College premises for bodily injury and property damage in the amount of \$1,000,000/\$1,000,000. This form becomes part of the Certificate of Insurance to which it is/will be attached by all Vendor applications.

Print Organization/Vendor Business Name above

Signature

Agreement Date

Mail completed application, insurance certificate and check or money order

Payable to:

Atlantic Cape Community College

ATTN: PRESIDENT'S OFFICE

5100 Black Horse Pike, Mays Landing, NJ 08330-2699

5100 Black Horse Pike
Mays Landing, New Jersey 08330
Phone: 609-343-5039, Fax: 609-343-5002



INSURANCE REQUIREMENTS

Use of Atlantic Cape Community College by non-affiliated groups.

The non-affiliated group shall indemnify and save harmless the College, its officers, employees and agents from any loss, damage, liability, costs and/or expenses that may arise during, or be caused in any way by, use of College facilities by non-affiliated groups. The College is not responsible for anything lost or damaged by fire, theft or vandalism. Organizations must agree to indemnify and hold harmless the College against all liability and contractual claims, losses or expenses arising from scheduling or use of the facility.

Non-affiliated groups are required to obtain and provide and keep in full force at their own expense, for the benefit of the College during the period of occupancy, one or several types of insurance depending upon the nature of the event. The non-affiliated group must provide the College with a certificate of insurance, which indicates the insurance coverage in the amounts required, is in effect. The certificate of insurance must be received by the Facilities Rental Office, in Business Services at least ten (10) working days prior to the beginning of the activity. The most common types of insurance required by the College are shown below:

Non-affiliated group shall obtain, at its expense, liability insurance in which both the College and the Non-affiliated group are both named as insured with minimum policy limits of one million dollars for personal injuries, including death and one million dollars in aggregate for all property damage, the term of such coverage shall coincide with the term of the agreement. Programs involving participant under the age of eighteen (18) must also provide evidence of Sexual Harassment and Molestation coverage. Said policies of insurance shall contain a provision which states that it cannot be canceled except upon fifteen (15) days express written notice to all insured. The college shall be furnished with a copy of said policy or certificates of insurance fourteen (14) business days prior to the effective date of the agreement. The college reserves the right to request difference limits and /or coverage depending upon the nature of the program or activity.

General comprehensive liability insurance (and comprehensive automobile liability insurance) for protection from claims of liability arising directly or indirectly out of any event going on, occasioned by, or resulting from any accident or otherwise on or about the College premises for bodily injury and property damage in the amount of \$1,000,000/\$1,000,000.

In cases where the College deems that parental or individual releases are necessary, the organization must provide the College with the properly executed releases at least ten (10) working days in advance of the event. Additions to that list may be made no later than 72 hours prior to the event.

Organizations wishing to bring special equipment and/or animals into the College buildings or onto College premises must present in writing, proper insurance coverage before approval is considered.

ATLANTIC CAPE COMMUNITY COLLEGE MUST BE NAMED AS ADDITIONALLY INSURED.

FAX: 609-343-5002 or **EMAIL:** jayres@atlantic.edu **ATTENTION:** Jennie Ayres, Assistant Director

Revised January 2, 2014



5100 Black Horse Pike, Mays Landing, New Jersey 08330
Cape May County Campus – 341 Court House – South Dennis Rd., CMCH, NJ 08210

USAGE FORM – EXTERNAL

***Please sign and enclose this page with your application.** If Atlantic Cape Community College cancels, full payment will be returned.

*Number of 10' x 10' space(s) requested: _____

*Today's date _____

Event Title: ATLANTIC CAPE COMMUNITY COLLEGE (Cape May Campus) FARMERS MARKET

Event Details: FARMERS MARKET: Ten (10) consecutive Thursdays beginning JUNE 28th through AUGUST 30, 2018, from: 2:30PM – 6:00PM

*Organization _____ *Telephone _____

*Address _____

*Email: _____

*Person responsible on site _____ *Cell Phone Number _____

It is agreed that approval of this application is subject to regulations specified in the Policies and Procedures Manual provided by Atlantic Cape Community College. In no way will there be an implication in any verbal or written statement, the endorsement or sponsorship by the college of the activity. Any advertisement or use of Atlantic Cape's name and/or logo for this event must be approved by Atlantic Cape prior to use. If Atlantic Cape closes to the public because of reasonable concern due to weather emergencies, power outages, water outages, civil unrest, threat to national security or any other occurrence which may threaten the safety of persons on campus, events may be canceled. The college shall not be responsible for any costs to the Sponsor resulting from a cancellation or delay due to such a decision. The college will not charge for its contracted facilities and services that were not used due to cancellation by the college. The Client is responsible for the behavior and supervision of all its employees, volunteers and attendees and must ensure that minimal disturbance is caused. If Children are present, the Client must provide direct supervision with appropriate number of chaperones at all times; be responsible for the safety and behavior of the Children so as not to inconvenience, disrupt or endanger Employees, Students or other visitors. Failure to accept and abide by these terms will result in cancellation of this contract. Any and all costs associated with this cancellation, incurred by the applicant, will be borne by the applicant. Client agrees to indemnify, save and hold harmless Atlantic Cape Community College and its directors, officers, employees, representatives or agents against any and all demands, claims, suits, losses, costs or damages arising out of claims of any nature, type or description in any way arising out of or in any way connected with this Agreement.

* _____
Authorized signature

* _____
Date

Vendors are permitted access to space up to 1 ½ hours prior and 1 hour after event.

ATLANTIC CAPE COMMUNITY COLLEGE

5100 Black Horse Pike - Mays Landing, New Jersey 08330-2699

CREDIT CARD PAYMENT AUTHORIZATION FORM

*****MAIL THIS FORM ALONG WITH YOUR COMPLETED VENDOR APPLICATION*****

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**EVENT: FARMERS MARKET – Cape May County Campus**

*I hereby authorize my Credit Card to be charged the amount of: \$ \_\_\_\_\_*

Card holder name: \_\_\_\_\_

Card holder billing street address \_\_\_\_\_

Card holder City, State & Zip \_\_\_\_\_

Card holder signature \_\_\_\_\_

**~~~ The information below will be shredded after transaction is processed ~~~**

\_\_\_\_ American Express    \_\_\_\_ Discover    \_\_\_\_ VISA    \_\_\_\_ MasterCard

V-Code (Last 3 digits of # code on rear signature panel) \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_\_