

**DEADLINE APRIL 1<sup>st</sup>**

## Prospective Vendors:

As we constantly receive many inquiries from potential vendors, we ask that you **mail** to us the following information:

- 1) A catalog, samples, pictures, descriptions of your goods and/or services
- 2) A photo of your set-up at an event.
- 3) Completed application

Failure to submit all requested information may result in automatic decline.

We have two full fields for events and vendors:

St. Andrew's Field is more for "modern" type vendors who carry merchandise they have purchased – not handmade  
Strathbarren Field is primarily for canvas tent traders and sutlers with their own tent and carry handmade items - demonstration type vending.  
Both St. Andrews and Strathbarren fields have food vendors set up in separate Food Court areas. If you have any questions, please feel free to call **Denise Williams** at (270) 646-8324.

Send in the above information to:

Denise Williams  
GHG Vendor Chair  
4650 Austin Tracy Rd.  
Austin, KY 42123

Please bear with us as we do receive a **large** number of requests for vendor spots, and we review each one of them. Thank you for your cooperation.

**VENDING DATES & TIMES: June 2<sup>nd</sup> 8 am to 5 pm – June 3<sup>rd</sup>, 9 am to 4 pm, 2018**

## **ALL DEADLINES:**

Application	April 1 <sup>st</sup>
Invitation/Decline notification	April 15 <sup>th</sup>
Completed Vendor form; contract; copy of Certificate of Insurance; and <b>payment</b>	April 25 <sup>th</sup>

**DEADLINE APRIL 1<sup>st</sup>**

**GLASGOW HIGHLAND GAMES  
PROSPECTIVE VENDOR APPLICATION**

**ST. ANDREWS FIELD \$350.00**

**STRATHBARREN FIELD \$150.00**

**Name of Applicant/Owner:** \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number & email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

I hereby apply for space to vend: \_\_\_\_\_

\_\_\_\_\_

**I am interested in setting up on**      **ST. ANDREWS FIELD      \$350.00**      \_\_\_\_\_

(CHECK ONE)

**STRATHBARREN FIELD \$150.00**      \_\_\_\_\_

I will require:

\_\_\_\_\_ **10'x10'** tent (rental \$150.00)      \_\_\_\_\_ **20' x 30'** tent (rental \$400.00)

\_\_\_\_\_ **WITH TENT SIDES** (rental \$300.00)      \_\_\_\_\_ **WITH TENT SIDES** (rental \$550.00)

\_\_\_\_\_ **20' x 20'** tent (rental \$250.00)      \_\_\_\_\_ **30' x 30'** tent (rental \$500.00)

\_\_\_\_\_ **WITH TENT SIDES** (rental \$400.00)      \_\_\_\_\_ **WITH TENT SIDES** (rental \$650.00)

\_\_\_\_\_ \*I am supplying my own tent (please indicate size \_\_\_\_\_)\*

\_\_\_\_\_ **6' table** (rental \$12.00 each)      \_\_\_\_\_ **folding chair** (rental \$2.00 each)

Electricity hook up \*please indicate how many hook ups requested: \_\_\_\_\_ \*\* how many amps: \_\_\_\_\_ \*

\_\_\_\_\_ **Water hook up**      **\*\*We will TRY to meet your request\*\***

I have participated in the Glasgow Highland Games before: \_\_\_\_\_ Yes \_\_\_\_\_ No. If no, please list three Highland Games attended or other references: \_\_\_\_\_

\_\_\_\_\_

I hereby state that I understand that:

1. The Glasgow Highland Games Vendor Committee will select such vendors as, in its' sole discretion, are suitable in number, size, and quality of merchandise and service for the projected attendance at the upcoming Glasgow Highland Games.
2. I will be required to send a Certificate of Insurance listing the Glasgow Highland Games as Additional Insured. Contact your insurance agent for this. (*State Park and GHG insurance regulation*)
3. Barren River Lake State Resort Park has a liquor license. No outside alcohol is allowed on Park property. All food vendors selling cola shall contract with Western Kentucky Coca Cola (*State Park regulation*)
4. NO food vendor will be allowed to have a vehicle in the immediate Food Court area.
5. I will be required to collect and remit Kentucky Sales Taxes (6%) on all merchandise sold.
6. I will be required to pay Barren River Lake State Resort Park vending fee of **\$25.00**

**DATE:** \_\_\_\_\_ **PROSPECTIVE VENDOR:** \_\_\_\_\_

***SAMPLE OF REQUIRED CERTIFICATE OF INSURANCE:***

**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).

<b>PRODUCER</b> 123 Insurance Company 456 Main Street Anytown, BA 10000-0456	CONTACT NAME: _____		
	PHONE (A/C, No. Ext): _____	FAX (A/C, No): _____	
	E-MAIL ADDRESS: _____		
<b>INSURED</b> Vendor/Owners Name Company Name Address City, State Zip Code	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: _____		_____
	INSURER B: _____		_____
	INSURER C: _____		_____
INSURER D: _____		_____	

**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/YY)	POLICY EXP (MM/DD/YY)	LIMITS		
A X	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X					<b>POLICY DATES MUST INCLUDE INSURED/VENDORS SET UP AND BREAKDOWN DATES</b>	EACH OCCURRENCE	\$1,000,000
								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
								MED EXP (Any one person)	\$5,000
								PERSONAL & ADV INJURY	\$1,000,000
								GENERAL AGGREGATE	\$5,000,000
								PRODUCTS-COMP/OP AGG	\$1,000,000
								PROFESSIONAL LIABILITY	
	<b>AUTOMOBILE LIABILITY</b> <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 X Not provided while in Hawaii							COMBINED SINGLE LIMIT (Ea Accident)	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION							EACH OCCURRENCE	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A				PER STATUTE	OTHER
	<b>MEDICAL PAYMENTS FOR PARTICIPANTS</b>							E.L. EACH ACCIDENT	
								E.L. DISEASE - EA EMPLOYEE	
								E.L. DISEASE - POLICY LIMIT	
								PRIMARY MEDICAL	
								EXCESS MEDICAL	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Booth Operations of the Named Insured    Booth Size: \_\_\_\_\_  
 Event: Glasgow Highland Games    Event Dates: **DATES MUST INCLUDE INSURED/VENDORS SET UP AND BREAKDOWN DATES**  
 Event Location: Barren River Lake State Resort Park  
 The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

<b>CERTIFICATE HOLDER</b> Glasgow Highland Games 613East Main Street Glasgow, KY 42141 Sponsor	<b>CANCELLATION</b> 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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