

## CITY OF BETHLEHEM SPECIAL EVENT VENDOR APPLICATION

**\*\* PLEASE REFER TO CHECKLIST ON THE BACK OF THIS PAGE. APPLICATION WILL BE CONSIDERED INCOMPLETE IF ALL NECESSARY INFORMATION, AS NOTED ON CHECKLIST, IS NOT SUPPLIED. FAILURE TO SUBMIT COMPLETE APPLICATION 2 WEEKS PRIOR TO THE EVENT MAY RESULT IN ADDITIONAL FEES AND PERMIT NOT BEING ISSUED.**

<b>Event Information</b>	Event Title: _____ Event Date: _____ Rain Date: _____ Event Location/ Address: _____  Event Start Time (including Set-Up): _____ Event End Time (including Clean-Up): _____ Event Organizers: _____ Event Contacts: _____ Event Contact Email: _____ Event Contact Phone: _____ Signature of Event Organizer: _____
	*Application will not be accepted without signature

<b>Vendor Information</b>	Vendor: _____ Business Name (As registered with the Tax Bureau): _____ Vendor Contact Name: _____ Business Address: _____ Business Phone: _____ Email: _____ Emergency Contact Number: _____ (for emergency use only) Vendor Location: _____ Is the Vendor Location any of the following? <table style="display: inline-table; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Private Property</td> <td><input type="checkbox"/> Public Right of Way (sidewalk, street*, alley)</td> <td><input type="checkbox"/> City Park</td> </tr> </table>	<input type="checkbox"/> Private Property	<input type="checkbox"/> Public Right of Way (sidewalk, street*, alley)	<input type="checkbox"/> City Park
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	*If operating in a metered or permitted parking area, signature of Parking Authority is required below.			
	Signature of Parking Authority: _____ Vendor Operating Days and Hours: _____ <input type="checkbox"/> Same as Event Business Privilege License Number: _____  <i>Business Privilege is a requirement for all vendors operating within the City of Bethlehem. Please refer to "Where Do I Go For Help" section at end of the application.</i>			

<b>Health and Safety</b>	Food Product To Be Served	Site of Food Preparation (please be specific if not onsite)	Site of Food Storage	Cooking/ Heating/ Warming Required?	Heating Mechanism (grill, sterno, hot plate, crock pot)	Source of Heat/ Fuel Type (electric, propane, wood)
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		

**BOTH SIDES OF THE APPLICATION MUST BE COMPLETED AND SIGNED FOR THE APPLICATION TO BE CONSIDERED COMPLETE.**

<b>WORKER'S COMPENSATION</b>	<p><b>Worker's Compensation Insurance: (check applicable box)</b></p> <p><input type="checkbox"/> Vendor maintains Worker's Compensation Insurance as required to the provisions of Pennsylvania's Worker's Compensation Law.</p> <p><input type="checkbox"/> Vendor does not maintain Worker's Compensation Insurance because it is not required pursuant to the provisions of the Pennsylvania Worker's Compensation Law.</p>
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<b>Certification/ Hold Harmless/ Insurance Clause</b>	<p>Vendor, his/her/their successors, assigns, heirs, executors and administrators shall defend and hold harmless the City from claims or liability, contingent and otherwise for injury to or death of any person or persons or damage to real or personal property arising from or by reason of or in connection with the vendor's negligence, whether sole or joint and vendor shall pay all judgements, interests, costs, legal and other expenses arising out of or in connection herewith. Vendor shall furnish the City with proof of such insurance and coverage limits, with additional coverage terms and conditions that may be required by the City, in compliance with applicable ordinance and regulations issued by the Director of Recreation.</p> <p>Vendor warrants that it is and will be at all times during said event in full compliance with all applicable laws, regulations and ordinances.</p> <p>Vendor has read the above Hold Harmless/ Insurance Clause and executes same and warrants that the undersigned is duly authorized to act for the vendor as set forth herein.</p> <p>The foregoing statements are true and correct to the best of the undersigned's knowledge, information and belief, and are made to induce the City of Bethlehem to approve the within Special Event Vendor Application. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S.A. §4904 relating to "Unsworn Falsification to Authorities."</p> <div style="background-color: yellow; height: 20px; width: 100%;"></div> <p>Vendor Signature, Title &amp; Date</p>
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<b>WHERE CAN I GO FOR HELP?</b>	<table border="1"> <tr> <td>Health Bureau</td> <td>Health Bureau Permit</td> <td>610-865-7083</td> </tr> <tr> <td>Fire Department</td> <td>Fire Department Permit</td> <td>610-865-7143</td> </tr> <tr> <td>Engineering Department</td> <td>Right of Way Permit</td> <td>610-865-7063</td> </tr> <tr> <td>Tax Information</td> <td>General Questions</td> <td>610-865-7022</td> </tr> <tr> <td>Tri-State Financial Group</td> <td>Business Privilege/ Mercantile License</td> <td>610-270-9520</td> </tr> </table>	Health Bureau	Health Bureau Permit	610-865-7083	Fire Department	Fire Department Permit	610-865-7143	Engineering Department	Right of Way Permit	610-865-7063	Tax Information	General Questions	610-865-7022	Tri-State Financial Group	Business Privilege/ Mercantile License	610-270-9520
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