



2024 MOVES IN THE PARK VENDOR GUIDELINES

We invite you to participate as a Vendor for your business at our Town of St. John Movies in the Park events. Please complete the attached application and indicate your commitment to the event. The events will be held on the following dates from 6 PM – 10 PM at Prairie West Park located at 9359 W. Oakridge Dr, St. John, IN 46373.

- _____ June 21, 2024: Trolls Band Together
- _____ July 19, 2024: Minions the Rise of Gru
- _____ August 16, 2024: The Barbie Movie
- _____ September 13, 2024: The Goonies
- _____ October 11, 2024: The Addams Family

Criteria: All vendor applications must be submitted to the Parks Department for review of quality and anti-monotony. The Parks Department reserves the right to request removal of any unauthorized items.

Vendor Information: Vendors are responsible for their own set-up and teardown of booth spaces. Food Vendor agrees to meet the requirements and comply with all state and local laws, ordinances and rules. A current Health Permit from Lake County, Indiana is required. Health permit information can be obtained from the Lake County Health Department, 2900 W 93rd Avenue, Crown Point, Indiana 46307 (219) 755-3655. Certificate of Insurance is also required.

Arrival/Departure: Vendors may set up as early as 4:00 PM on each night and must be completely ready no later than 5:30 p.m. Clean up is between 10:00 PM – 11:00 PM.

Food Truck/Tent Location: Vendor location TBD.

Fees: The vendor fee of **\$50.00** shall be paid to the Clerk-Treasurer's Office after approval. Payments shall be made payable to the Town of St. John. Returned checks will be assessed a \$20.00 NSF fee.

Do not mail or make any payment until you have received confirmation of your approval.

Contact Information: (219) 365-6236

E-Mail: parks@stjohnin.com



2024 MOVIES IN THE PARK VENDOR APPLICATION

BUSINESS/VENDOR NAME _____

CONTACT NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ WEBSITE/SOCIAL MEDIA _____

PHONE _____ CELL PHONE _____

VENDOR TYPE? Food ___ Artisan ___ Artist ___ Crafter ___ Non-Profit (proof of 501(c)(3) required) ___ Other ___

VENDOR ITEMS (list all items selling/handing out) _____

TRAILER OR TENT SIZE _____

Booth space is 10' x 10' unless otherwise approved.

ADDITIONAL SPACE NEEDED? *circle* YES OR NO HOW MUCH ADDITIONAL SPACE _____

ELECTRICAL HOOK UP NEEDED? *circle* YES OR NO 110V _____ 220V _____ #Plugs _____

WILL YOU BE USING A GENERATOR? *circle* YES OR NO

Please initial to agree to the following terms and conditions:

- _____ I agree to only sell/handout items listed on my application.
- _____ Exclusivity of your product is not guaranteed.
- _____ No soliciting or placement of signage for other events or businesses other than your own, unless prior approval is granted.
- _____ I must provide my own equipment. This includes but not limited to: weights, tents, tables, chairs, trash bags, signage, generator, etc.
- _____ Access to electric and water is limited, and often times, unavailable. I will set up accordingly.
- _____ All canopies/tents must have weights.
- _____ All supplies must be contained within booth space. This includes A-frames and/or other signage, which must be out of the way of the walking area. No exceptions.
- _____ I agree under Cottage Law I will provide proper labeling.
- _____ I must carry liability insurance and provide **Certificate of Insurance (COI)**
Attach copy with application.
- _____ I must abide by **ALL LAKE COUNTY, INDIANA HEALTH DEPARTMENT REGULATIONS** and booths are subject to inspection. A Lake County Health Permit is required. ***Attach copy with application.*** Contact the Lake County, Indiana Health Department with any questions at 219.755.3655.
- _____ All booths must adhere to State and local fire codes. Please visit <https://www.in.gov/dhs/fire-and-building-safety/code-enforcement/> for more information.
- _____ My photo may be taken during the event and posted on social media platforms.
- _____ The Parks and Recreation Department is frequently contacted by the public attempting to reach vendors, and I consent to the Parks and Recreation Staff sharing my information.
- _____ No loud music or other entertainment is permitted at the vendor booth or trailer.
- _____ The Town of St. John and its employees are not held responsible for any theft, loss, damage, or injury.

INDEMINIFICATION REQUIREMENTS

The Vendor shall hold harmless and indemnify the Town of St. John, the Town of St. John Park Board, and the Town of St. John Clerk-Treasurer's Office, and all authorized agents and employees from any and all liability and/or claims due to use or consumption of the Vendor's products or due to damage and/or theft of Vendor's vehicles, equipment, merchandise, goods, and ware kept upon premises in conjunction with the event. The Vendor understands that exclusivity on products for sale and location of set up is not guaranteed. I agree that I have read and accepted the terms of this application.

I agree that I have read and accepted the indemnification requirements.

Signature _____

Printed Name _____ **Date** _____

WAIVER & RELEASE OF ALL CLAIMS

I, the participant in this event/program, recognize and acknowledge that there are certain risks of physical injury and I agree and assume the full risk of any injuries, including death, damages or loss which the participant(s) may sustain as a result of participating in all activities connected with and associated with such program.

I, the participant, in this event/program, agree to waive and relinquish all claims that I or the participants may have as a result of participating in the programs against the above the named entity and its agents, officers, servants, and employees.

I, the participant, in this event/program, agree to fully release and discharge the above named and its officers, agents, servants, and employees from any and all claims for injuries, including death, damage or loss which I or any participants may have or which occur to me or the participants on account of participation in the above program(s).

I, the participant, in this event/program, further agree to indemnify, hold harmless, and defend the above named entity and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages, and/or losses sustained by the participants and arising out of, connecting with, or any way associated with the activities of the above program(s).

I have read and fully understand the above program details and I fully understand that "This is a release of all claims". The Vendor understand that exclusivity on products for sale and location of set up is not guaranteed.

I agree that I have read and accepted the waiver and release of all claims.

Signature _____

Printed Name _____ **Date** _____

Applications may be submitted in person, by email at parks@stjohnin.com, or mail:

Town of St. John
ATTN: Movies in the Park
10955 W 93rd Ave.
St. John, IN 46373

Upon application approval, the Town of St. John Clerk-Treasurer’s Office accepts checks made payable to Town of St. John, cash, or credit card payments.

Approval Date: _____ Staff Signature _____