



April 1, 2014

Greetings,

On behalf of the Mill Pond Splash Organizing Committee, I am delighted to invite you to participate in the 16th annual Mill Pond Splash Eco Festival! Mill Pond Splash 2014 will be taking place on June 1, from 12:00 noon - 4:30 pm. As a food vendor, you will have a wonderful opportunity to interact and engage with many members of the public as well as well as like-minded organizations.

This food vendor registration package contains three documents associated with registering your organization as a food vendor for this year's event:

- 1) The Food Vendor Registration Form;
- 2) The Basic Vendor Agreement Form; and
- 3) The General Liability Certificate of Insurance Form.

**IMPORTANT:** Regarding the General Liability Certificate of Insurance Form, please ensure that under the "Provisions of amendments or endorsements of listed Policy(ies)" section, point #2, that TORONTO AND REGION CONSERVATION AUTHORITY is listed as an Additional Insured. Please also note that the Town of Richmond Hill specifies that this form must be completed and signed by the Insurance Company, not the insurance broker.

Please let me know if you have any questions about this item in particular, or the event in general.

Please return these documents to me via email, by May 9, 2014.

I very much look forward to receiving your completed registration package and to your presence at Mill Pond Splash 2014!

Best regards,

Michael Charendoff

Project Coordinator, Don River Watershed

**Mill Pond Splash 2014  
FOOD & DRINK VENDOR REGISTRATION FORM**

- Location: Mill Pond Park, Mill Street & Trench Street, Richmond Hill  
**Please note, vehicles are not permitted on site after 8 a.m. If you require assistance, kindly notify us ahead of time.**
- Date & Time: Sunday, June 1, 2014, 12 p.m. to 4:30 p.m.  
**Your table should be set up by 11:00. Please arrive in good time. The event is held outdoors, rain or shine, except in the case of severe weather.**
- Supplies: Vendors will be provided with one 6-ft rectangular table and two chairs unless otherwise requested below. Electricity is available if required.
- Costs: **There is no fee for participation.** However, we request vendors provide an in-kind donation in the form of food and drink for hard working Mill Pond Splash volunteers (to a maximum value of \$40).

VENDOR INFORMATION		
Organization Name:		
Contact Name/Title:		
Address:	Telephone:	Fax:
	Email:	
	Website:	
VENDOR INFORMATION		
Summarize the food and/or drink that you will be offering.		
Indicate any additional requirements for your stand (e.g. extra tables or chairs, electricity). Also indicate if no table/chairs supplied by the organizers are required.		
Please provide an emergency telephone number for use on Sunday, June 1 in case of event cancellation through bad weather.		

**Please return completed forms by May 9, 2014 to Michael Charendoff**  
 Toronto and Region Conservation, 5 Shoreham Drive, Downsview ON, M3N 1S4  
 Fax: 416-667-6278, Email: [mcharendoff@trca.on.ca](mailto:mcharendoff@trca.on.ca)  
 For more information, please contact Michael at 416-661-6600 ext. 5280

**Mill Pond Splash 2014**  
**FOOD & DRINK VENDOR ADDITIONAL INFORMATION**

1. Photographs will be taken throughout the day. If you do not wish your stand to be photographed please inform TRCA.
2. Vendors undertake to only sell the food and drink items agreed to by the event organizers.
3. Vendors agree that neither the event management, the sponsoring associations and municipalities, nor other organizations or persons connected with this event are to be held responsible for loss, damage, or injury to the vendor, the vendor's employees or the vendor's property, from any cause whatsoever prior to, during or subsequent to the period covered by the *Mill Pond Splash* event.

Business name		Contact person
Street address, city/town, province, postal code		
Phone 1	Phone 2	Fax
Provide a description of the product(s) or services(s) being offered		

The vendor described above is hereinafter referred to as the Concessionaire.

**Only those good(s) or service(s) identified and approved in this agreement may be offered by the Concessionaire**

THE AUTHORITY AGREES to provide a suitable location for the Concessionaire to conduct business.

No other rights or benefits are conferred or implied, unless explicitly identified.

THE CONCESSIONAIRE AGREES TO (mark √ all that apply)

- provide liability insurance in an amount of not less than five million dollars naming Toronto and Region Conservation Authority and the Town of Richmond Hill as additional insured to protect the Authority and the Town from any and all actions arising out of the Concessionaire's operations.
- obtain approval from York Region Community and Health Services Department for the sale of food items at the Mill Pond Splash event by submission and approval of the VENDOR APPLICATION FORM FOR SPECIAL EVENTS.
- release the Toronto and Region Conservation Authority and the Town of Richmond Hill from any and all actions arising out of the Concessionaire's operations.
- release the Toronto and Region Conservation Authority and the Town of Richmond Hill from any and all actions arising out of any loss to the Concessionaire however caused.
- attend on the dates and at the times specified and to provide adequate staffing for the Concessionaire's operations.
- conduct business in a manner acceptable to the Toronto and Region Conservation Authority and the Town of Richmond Hill and provide daily cleanup of site provided for the Concessionaire's use.

Location/event <b>Mill Pond Splash 2014</b>	Start and end date, hours of operation <b>Sunday June 1, 2014 from 12:00 noon to 4:30 p.m.</b>
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\_\_\_\_\_  
Concessionaire (print name)

\_\_\_\_\_  
Concessionaire signature

\_\_\_\_\_  
TRCA signature

\_\_\_\_\_  
Date



**THE CORPORATION OF THE TOWN OF RICHMOND HILL  
GENERAL LIABILITY CERTIFICATE OF INSURANCE**

THIS IS TO CERTIFY THAT THE *INSURED* NAMED BELOW IS INSURED AS DESCRIBED BELOW.

**\*\*\*\*\* This form must be completed and signed by the Insurance Company. \*\*\*\*\***

- Note:** 1. Proof of insurance will be accepted **ON THIS FORM ONLY** (with no amendments).  
2. Insurance Company must be licensed to operate in Canada and form must be signed by the **UNDERWRITER**

Name Insured:		Address of Insured:			
Town of Richmond Hill Reference - RFP, RFQ, Contract and or file Number:	Description of the Service/Work/Activity/Contract Agreement to which this Certificate applies:				
TYPE OF INSURANCE	POLICY NO.	EFFECTIVE dd/mm/yyyy	EXPIRY dd/mm/yyyy	LIMIT OF LIABILITY	DEDUCTIBLE(S)
<b>Commercial General Liability</b> <ul style="list-style-type: none"> <li>• Products and Completed Operations</li> <li>• Property Damage</li> <li>• Bodily Injury</li> <li>• Personal Injury</li> <li>• Broad Form Contractual Liability</li> <li>• Owners and Contractors Protective</li> <li>• Occurrence Form</li> <li>• Employees, volunteers, automatically added as Additional Insureds</li> <li>• Contingent Employers Liability</li> <li>• Employers Liability</li> <li>• Cross Liability and Severability of Interest</li> <li>• Non Owned Automobile including SEF 94 – Limit \$</li> <li>• Tenants Legal Liability</li> <li>• Pollution Liability - Sudden and Accidental Clean-up</li> </ul>				<b>Per Occurrence:</b> \$             \$  <b>Employers Liability</b> <b>Per Occurrence:</b> \$             \$ <b>Aggregate:</b> \$             \$  <b>Pollution Liability</b> <b>Per Occurrence:</b> \$             \$ <b>Aggregate:</b> \$             \$  <b>Non-owned Auto</b> <b>Total Limit:</b> \$             \$  <b>Tenants Legal</b> <b>Per Occurrence:</b> \$             \$ <b>Aggregate:</b> \$             \$  <b>General Annual</b> <b>Aggregate:</b> \$             \$	
<b>OTHER:</b>				<b>Limit \$</b>	<b>\$</b>
<b>Umbrella or Excess Liability</b> - Follow Form Yes <input type="checkbox"/> or No <input type="checkbox"/>				<b>Per Occurrence: \$</b> <b>Annual Aggregate: \$</b>	<b>\$</b>

**Provisions of amendments or endorsements of listed Policy(ies):**

1. It is understood and agreed that **THE CORPORATION OF THE TOWN OF RICHMOND HILL** is added as an **Additional Insured** to the above listed Policies with respect to liability arising out of the operations of the Named Insured in connection with the above mentioned project/service.
2. The following are also added as **Additional Insureds**:
  
3. It is agreed and understood that any deductible or self-insured retention (SIR) arranged between the Named Insured and the Insurer must be declared herein. It is further understood and agreed that losses and/or claims arising out of the above referenced operations that fall within the deductible or SIR limit are the sole responsibility of the Named Insured.
4. If the insurance provided under the said policy(ies) is cancelled or materially changed to reduce coverage or limits as set out in this certificate during the period of coverage stated in this Certificate, the Insuring Company will give thirty (30) days prior written notice by registered mail of such a cancellation or change to:  
**The Corporation of The Town of Richmond Hill, Attention: Risk Management, 225 East Beaver Creek Road, Richmond Hill, ON L4B 3P4**
5. The policy(ies) identified above shall protect each insured in the same manner and to the same extent as though a separate policy has been issued to each, but nothing shall operate to increase the Limits of Liability as identified above beyond the amount or amounts for which the Insurer would be liable if there had been only one Insured.
6. The policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to the Additional Insured noted in Item 1 and 2 above.

**CERTIFICATION**

I certify that the insurance is in effect as stated in this certificate and that I have authorization to issue this certificate for and on behalf of the insurer(s). This certificate is valid until the expiration date(s) shown unless notice is given in writing in accordance with item 4.

<b>INSURANCE BROKER</b> NAME, ADDRESS AND TELEPHONE NO.  Tel:	<b>NAME, ADDRESS AND TELEPHONE NO. OF INSURANCE COMPANY</b>  Tel: <b>ORIGINAL SIGNATURE AND STAMP OF AUTHORIZED OFFICIAL</b>  Signature _____ Date _____, 20____ Name of above: _____ Title: _____
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