



## 2024 PUP-A-PALOOZA VENDOR GUIDELINES

We invite you to participate as a Vendor for your business at our Town of St. John Pup-A-Palooza event. Please complete the attached application and indicate your commitment to the event. The event will be held on June 22nd, 2024 from 9 AM – 3 PM at Prairie West Park located at 9359 W Oakridge Dr, St. John, IN 46373.

**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 7:30 AM on June 22nd and must be completely ready no later than 8:30 AM. Clean up is between 3:00 PM – 4:00 PM.

**Food Truck/Tent Location:** Vendor location TBD.

**Fees:** The vendor fee of **\$100.00** 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](mailto:parks@stjohnin.com)



# 2024 PUP-A-PALOOZA 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: Pup-A-Palooza  
10955 W 93<sup>rd</sup> 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 \_\_\_\_\_