

Union County Vendor/Food Truck Registration Form

Name of Business: _____

Contact Person: _____

Telephone No.: _____ Email: _____

Address: _____

Products Sold: _____

Insurance Coverage: _____

(Attach to application)

(Company name, Agent, Address)

Health Permit _____

(Attach to application)

(Certificate No. and Date)

Event: _____

Disclaimer and Signature

In consideration of being allowed to participate as a food truck vendor (hereinafter "Vendor") during the Event named herein to be held on Union County property, the Vendor agrees as follows. Vendor agrees to protect, defend and indemnify and hold harmless Union County, its agents, officers, and employees free and harmless from and against all losses, professional fees, costs, damages, and other expenses or liabilities of every kind and character arising out of relating to any and all claims, liens, demands, obligations, actions, proceedings, or causes of action of every kind in connection with or arising out of the Event that are due, in whole or in part, to the negligence of the Vendor, its officers, employees, subcontractors or agents. Vendor waives, releases and discharges Union County, its agents, volunteers, officers, and employees of and from any and all claims, damages, demands, costs, liability and causes of action whatsoever that may arise as a result in participation in the Event, including but not limited to any claims, causes of action, liabilities, damages, demands and costs, including attorney's fees, related to the loss of or injury to any of the Vendor's person or property. This waiver and release shall inure to the benefit of Union County, and shall bind Vendor along with its employees, heirs, legal representatives, assigns and successors in interest of the Vendor or any member thereof. The Vendor agrees to abide by all Rules and Regulations set forth this Union County Vendor/Food Truck Registration Form, including but not limited to maintenance of insurances coverage as required by Union County.

Vendor Authorized Representative name: _____

Signature: _____ **Date:** _____

Please return:

_____ Completed Application with Signed Indemnity Agreement

_____ A copy of your truck's business license/permit

_____ A copy of your most recent Health Department sanitation inspection

_____ A Certificate of Insurance showing minimum General Liability limits of \$1,000,000 and minimum Automobile limits of \$300,000.

Make COI out to:

Union County

Attention: Keith A. Richards, Risk Manager

500 N. Main Street, Suite #130

Monroe, NC 28112