Parks, Recreation, & Youth Services Jason T. Garnar, County Executive · Brenda L. Gowe, Director

Broome County Vendor Permit Application Form

Name of Business:		
Permit Date(s)	Permit	Park(s)
Agency Address	Legal Structure	
EIN:	Contact Person/ Title:	
Telephone Number: _	Email Add	ress:
Do you have an establ	lished business in Broome County?	Entity:
Provide a description	of the kinds of goods to be sold? Fee: \$2	25 per event Amount Paid: \$
Description:		
	Vendor must provide the fo	llowing documents:
	Workers Compensation	<u></u>
	Disability Insurance	
	Insurance (Requirements attached: _	<u> </u>
	Health Department Permit: _	<u> </u>
which is made against operating in the park a policy. The permittee permit and the county and application may be	the County, its officers, and employees by nd will have the County named as an addi will provide the County with a certificate of having been added to said policies as an a se submitted via email. I certify that all the	officers, and employees against any claim for damage reason of any act or omission of the permittee while tional insured on its general liability and automobile of insurance documenting the coverage required by this additional insured. (sign name and date). All these form information above is correct and not misleading. per park, per day, based on the anticipated attendance
Vendor Signature		
Sign	Title	Date
Department Approval Sign	Title	Date
	Renewal / Amendment (A	Additional Dates)
Additional Dates:		