



# Vendor Application



## Holiday Village Carrollwood

**December 11, 2021 | 12pm-7pm**

Set-up begins at 10 am @ Carrollwood Village Park - 4680 W. Village Dr, Tampa, FL 33624

**Artisan Vendors:** \$85 Center member / \$100 non-member / Free for HOA members

**Food Vendors:** Free (donation of 10-15% event proceeds suggested)

**Food vendors must fill out the attached Food Vendor form and submit to Hillsborough County and include Carrollwood Village Park as the location request.**

Registration deadline: November 20, 2021

**Holiday Village Carrollwood is a family friendly event with holiday themed crafts, food trucks, music, and other exciting holiday themed decorations to experience and explore.**

- This outdoor event will be held at Carrollwood Village Park, 4680 W. Village Dr, Tampa, FL 33624, rain or shine.
- Vendors are required to provide their own tents, tables, and/or chairs. Electricity will not be provided. Must fit in a 10'x10' space. Alcohol is prohibited.
- All vendors agree to remain in place for the duration of the event. Fees are non-refundable.
- I understand that the Carrollwood Cultural Center may take photographs of my booth/product to be used in future marketing materials.
- **Hillsborough County, Carrollwood Cultural Center, and Carrollwood Village Park** shall not be liable for, and the (undersigned) hereby discharges and holds these entities harmless for any and all claims for loss, damage or injury of any nature whatsoever to person or property which claim results in any way from, arises in any fashion from, is connected with, or results from 4680 W. Village Dr, Tampa, FL 33624.

Business/Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_  Art Vendor  Food Vendor

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Total Payment Due: \$\_\_\_\_\_ Payment:  Cash  Check  MasterCard  Visa  Discover

Card Number (if not paying in person): \_\_\_\_\_

Exp Date: \_\_\_\_\_ CVC: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**You are encouraged to have a holiday theme for your food and wares.** It is best to register over the phone with a credit card. You may also return your form with payment to the Carrollwood Cultural Center, 4537 Lowell Road, Tampa, FL 33618 postmarked by the deadline above (Nov. 20, 2021). For more information contact **Ashley Lord** at [ashley@carrollwoodcenter.org](mailto:ashley@carrollwoodcenter.org) or **(813) 922-8167 x 206**.



**Hillsborough  
County Florida**

Parks & Recreation

Dear Food Truck Vendor:

Thank you for your interest in Hillsborough County's Parks, Recreation and Conservation Department Food Truck Vendor Packet. The packet includes the following:

1. Instruction Page
2. Additional Requirement
3. Location Request
4. Relative Disclosure Statement
5. Hold Harmless Agreement

After you have reviewed the application and have determined that you are capable of meeting the requirement, you may apply to be considered for a food truck vendor certificate. This can be done by completing and returning the attached application to:

Hillsborough County BOCC  
All People's Life Center  
6105 East Sligh Avenue  
Tampa, FL 33617  
Attention: Vendor/Exhibitor Applications  
Fax: (813) 744-5967

Also, please allow a minimum of five working business days for your packet to be processed. If you should have any questions, please call (813) 744-5595 and ask for Vendor Permits.

Sincerely,  
Parks & Recreation Department

## INSTRUCTIONS

Please read the following instructions prior to completing the attached application.

A completed Application must be submitted by any company/vendor that would like to be considered for vendor placement in any Hillsborough County Park. The primary function of this application is for the County staff to understand and incorporate vendors based on the specified requirements and appropriateness as it relates to the event.

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### Application Review Process

The application review process begins when you submit your completed Application with ALL required attachments. Upon receipt of your Application, a County staff member will perform an initial screening of the submitted information. Documentation you provide will be forwarded to the appropriate staff member for review and approval. A completed Application with ALL required attachments must be received for your Application to be processed: not providing these requested items could result in immediate denial of your Application. Upon completion of the Review Process a phone call will be placed to you indicating whether your Application has been approved or denied.



**HILLSBOROUGH COUNTY  
RISK MANAGEMENT  
INSURANCE REQUIREMENTS:  
Food Truck Vendor**

Required If checked	INSURANCE	MINIMUM COVERAGE LIMITS
X	<b>Commercial General Liability Comprehensive Form – CG0001 or equivalent</b>	<b>"Occurrence" form only</b>
	Bodily Injury and Property Damage	Each Occurrence \$1,000,000
	Damage to Rented Premises	Each Occurrence 50,000
	Medical Expenses	Any One Person 5,000
	Personal & Advertising Injury	Each Occurrence 1,000,000
	Products/Completed Operations	Each Occurrence 1,000,000
	General Aggregate	2,000,000
	Prod/Completed Operations Aggregate	2,000,000
X	<b>Business Automobile Liability</b>	
	Combined Single Limit	Each Accident \$300,000
X	<b>Florida Workers' Compensation</b> * * *	Statutory Limits
	<b>Employers Liability (part B)</b>	Each Accident \$100,000
		Disease - Each Employee 100,000
		Disease - Policy limit 500,000
	<b>Professional Liability/Errors and Omissions</b>	\$1,000,000
	<b>Builders Risk</b>	100% of Completed Building Value
	<b>Installation Floater</b>	Cost of Equipment only- no labor or fees
	<b>Pollution/Environmental Impairment Liability</b>	Combined Single Limit Bodily Injury/Property \$1,000,000
Comments/Other:  Hillsborough County BOCC is to be named as Additional Insured for General Liability and Builders Risk contractors forms CG2010 and CG2037 -All other vendors - form CG2026.		
Certificate Holder shall be designated as: Hillsborough County BOCC P.O. Box 1110 Tampa, FL 33601 Attn: Risk Management		Insurance Requirements reviewed by:  <i>ESoumare</i>  Initials: ES



Parks & Recreation

**FOOD TRUCK VENDOR LOCATION REQUEST**  
(For Profit and Non Profit)

All People's Life Center  
6105 East Sligh Avenue  
Tampa, FL 33617  
(813) 744-5595

**BUSINESS INFORMATION**

Name of Firm:		
Owner of Firm:		Telephone No.: (    )
Address:		
City:	State:	Z
Email Address:		
Contact Person:		Telephone No.: (    )
Federal I.D. No.:		Occupational License
Type of Organization: (    ) (    ) For Profit Organization (    ) Non-Profit Organization (    ) Corporation		
I am interested in vending at the following park (s) locations: (Use back if necessary)		
1)		2)
Date:		Time of day:
Purpose of the event:		
Items I intend to sell include:		
Print Name:		
Owner's Signature:	Title:	Date:



Relative Disclosure Statement

In order to prevent preferential treatment in the vendor practices of the County, as well as to avoid creating situations when favoritism may be alleged to be associated with operational decisions within the County, all vendors must disclose and report the employment relationships of their family members as described below.

Family members: Shall include the following relationships, whether established by blood (consanguinity), marriage (affinity), or other legal action: Father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, and half-sister.

Check The Appropriate Box

- I certify that I DoNot have a family member, as defined above, currently employed with Hillsborough County
- I certify and disclose the following family members, as defined above, are currently employed with Hillsborough County

Name	Department	Relationship
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

Vendor Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Hillsborough County Florida

HOLD HARMLESS/INDEMNIFICATION AGREEMENT

Hillsborough County shall not be liable for, and (the undersigned) hereby agrees to defend, indemnify and hold the County harmless for any and all claims for loss, damage or injury of any nature whatsoever to person or property which claim results in any way from, arises in any fashion from, is connected with, or results from the undersigned's use of:

\_\_\_\_\_  
(LOCATION USED)

\_\_\_\_\_  
Signature Date

APPLICANT'S NAME: \_\_\_\_\_  
(please print)

ORGANIZATION: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_

APPROVAL TO  
USE CENTER/  
PARK PROPERTY: Dates: \_\_\_\_\_  
\_\_\_\_\_

Times: \_\_\_\_\_  
\_\_\_\_\_

Activity or Purpose: \_\_\_\_\_  
\_\_\_\_\_

ATTACH INSURANCE CERTIFICATE (approved by Risk Management) cub108db.doc  
(8/09)