



Fieldstone Show Park
Vendor Contract

All vendors must complete this form and return it to Fieldstone Show Park with deposit payment by:
(April 15, 2019 for May shows) (June 1, 2019 for June shows) (July 15, 2019 for August show)

Vendor contracts may be returned
By mail, Charlene Brown 22 SouthMayd St Newport RI 02840
By Fax to : 401-848-2985 or Email: Cinnbayinc@aol.com
Question Call Charlene *Show Office 401-862-1580*

Terms and Conditions

Vendors must, at their own expense, procure and maintain current policies of insurance as follows:
Commercial General Liability: Vendor will provide Commercial General Liability, Including Bodily Injury and Property Damage Liability in an amount not less than \$1,000,000 combined single limit, per occurrence, and \$2,000,000 aggregate.

Addition Insured/Hold Harmless: Vendor will add Fieldstone Show Park Inc., and its officers, employees, agents, and volunteers are included as additional insureds Insurance is primary as respects to all other Insurance or self-insurance in force.

Worker's Compensation/Employers Liability: Vendor will have insurance covering all persons whom the Vendor may employ (Statutory Limits/\$500,000).

Vendors must conduct business in a professional, courteous, and ethical manner and without regard Any personal injury to vendor or third parties or any property damage incurred in the course of this agreement shall be the responsibility of the vendor. Vendor agrees to indemnify, defend, and hold harmless Fieldstone Show Park Inc., and its officers, employees, agents, and volunteers against all costs, losses, damages, liabilities, expenses, demands, and judgments, including court costs and attorney's fees, which may arise out of vendor's performance .

Food Vendors *(Please Read the Board of Health permit 30 day rule)*

*Food vendors must approved by the Show committee before applying to Halifax Board of Health
Contact Charlene Brown/ Show Office 401-862-1580 or Email: Cinnbayinc@aol.com*

After Food Vendor approved by the show committee you must submit appropriate Halifax Board of Health permit. Halifax Board of Health has a permit rule

All food vendors must submitted permits 30 days prior to the horse show, No Exceptions.
Food Vendors must have at least one staff member with ServeSafe ® certification.

*Halifax Board of Health Administrative Assistant
Peggy Selter 781-293-6768 / Fax 781-293-1738 / Email; peggy.selter@halifax-ma.org*

Name of Vendor Company or Sole Proprietor: _____

Vendor Contact Name: _____

Address: _____

Business Phone: (____) _____ Mobile Phone: (____) _____

Email: _____

Products or services offered: _____

Authorized Vendor Signature _____ Date _____



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Choose your week/weeks:

- May8-12
 May15-19
 June19-23
 August14-18
 August20-25

Full season Discounts will receive a 10% discount off vendor fees.

Merchant Vendor Pricing

Choose your the size of your area: Prices below are per week

- Small merchandise vendor 10' x 10' area only \$500
 Small merchandise comes with 15' x 15' tent with a 4 sided \$700
 Small merchandise Trailer or Truck Parking Space \$650 (trailer under 15ft long)
 Medium merchandise Trailer Parking Space \$800 (trailer 15' to 25'long)
 Large merchandise Trailer Parking Space \$1200 (over 25'long)
 Electricity for merchandise 110 Amps- \$30
 Electricity for merchandise 220 Amps -\$50

Food Vendors Pricing (*Food vendor are Limited and must approved by show committee*)

- Small food vendor area 10' x 10' area only \$600
 Small Food Tent vendor, comes with 15' x 15' tent with a 4 sided \$750
 Small Food Truck Parking Space \$750 (Under 15ft long)
 Medium Food Truck Parking Space \$950 (trailer 15' to 25'long)
 Electricity for Food Vendors 110 Amps- \$50
 Electricity for Food Vendors 220 Amps -\$75

Payment 50% non-refundable deposit is required upon the signing of this contract.

Full balance due by: May1 for May shows, June1 for June show, August1, 2019 for August shows

Please make checks payable to Fieldstone Show Park and mail to:

Mail to Charlene Brown 22 SouthMayd St Newport RI 02840

We Appcept all Major Credit Card

CREDIT CARD AUTHORIZATION FORM / FIELDSTONE SHOW PARK

CREDIT CARD NUMBER: _____ CV#: _____

EXPIRATION DATE: _____ AMOUNT TO BE CHARGED \$ _____

COMPLETE MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

NAME ON CARD: _____ MAIL TO: 22 SOUTH MAYD ST

AUTHORIZED SIGNATURE _____ NEWPORT, RI 02840