



# 2025 Vendor Agreement

## Event Date: March 15, 2025

VENDOR: \_\_\_\_\_ Food Vendor \_\_\_ Non-Food Vendor \_\_\_

Food Vendor License #: \_\_\_\_\_

Printed name of President/Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**FOOD VENDOR BOOTH INFORMATION: FREE**

10x10 space with two 8ft skirted tables and two chairs  
 Plates, Napkins, and Forks will be made available  
 Restaurant Logo to be included in marketing and on website. Additional social media promotion.  
 Each Food Vendor will receive 2 General Admission Tickets and 4 Volunteer Passes for the event

Describe the Food being sampled: \_\_\_\_\_  
 \_\_\_\_\_

**Please check below if additional tables, chairs or electrical outlets are needed:**

\_\_\_\_\_ # of Additional Chairs      \_\_\_\_\_ # of Additional Tables  
 \_\_\_\_\_ Electrical Outlet Voltage Needed: \_\_\_\_\_

(Voltage and outlets needed **MUST** be requested at time of registration for proper placement)  
 (Please provide each appliance description and voltage required)

**NON-FOOD VENDOR BOOTH INFORMATION: \$350.00 (limited availability, subject to approval)**

10x10 space with one 8ft skirted tables and two chairs  
 Non-Food Vendors will receive two Volunteer Passes for the Main Event.

**RESPONSIBILITY**

Vendors will be held responsible for the area in which their booth is stationed. If the area is not returned to the original condition at the end of the event, a fee of \$100 will be assessed. (Initial \_\_\_\_\_)

**ORIENTATION**

There will be a **mandatory orientation on Monday, March 10, 2025 at 9:30 AM.** Any changes to the final layout **MUST** be made at this time. (Initial \_\_\_\_\_)

**SECURING YOUR RESERVATION**

The Vendor's space will be assigned on a **first come, first served basis** upon signature of completed registration forms which includes submission of certificate of insurance and a copy of the applicable food permit (see item #8 for insurance details). Your space will not be held unless all the required pieces are submitted. (Initial \_\_\_\_\_)

The Agreement is entered into between, *“A Sip of Wine....A Taste of Heaven.”* (“The Event”), and the undersigned Vendor, (“the Vendor”). As an authorized agent or officer of the business, named below, the Vendor hereby agrees to the following terms and conditions as contained in the Agreement.

It is hereby agreed that I, \_\_\_\_\_ as an authorized representative for \_\_\_\_\_ (the Vendor) will occupy one booth and offer 1,000 sample items of food/drink as listed on sheet attached hereto and made a part of the Agreement, at “A Sip of Wine....A Taste of Heaven,” held on **Saturday, March 15, 2025** beginning at 6:00 PM and continue to 10:00 PM. Set up for vendors will begin day of event at **2:00 PM** and the vendor must be set up by 5:30 PM.

In exchange for the rights to promote your menu items, market and advertise your business, the Vendor shall follow the following guidelines:

1. **FOOD PERMITS** – The Vendor shall, to the satisfaction of the Sip and Taste event, fully comply with the Florida Department of Business & Professional regulations and all Department of Health regulations. Guide to Temporary Food Events (<https://www2.myfloridalicense.com/hotels-restaurants/licensing/temporarevent-guide/>)

The Vendor shall abide with all applicable Federal, State, County and City laws and regulations and be responsible for obtaining and or possessing any and all permits and licenses that may be required including, State Health Department regulations and food handling permits. (Initial \_\_\_\_\_)

2. **FIRE** – Every food vendor must have a fire extinguisher available at their booth space and furnish it upon request of venue staff or fire department personnel. Cooking equipment involving solid fuels, vegetable, or animal oils and fats shall be protected by a Class K rated portable extinguisher, or for any other type of cooking a 2A:10B:C extinguisher, and all require an up-to-date inspection tag. (Initial \_\_\_\_\_)
3. **ELECTRICAL** – If properly requested, you will be provided with your own electric drop to your booth space. You must furnish all electrical appliances, extension cords and equipment necessary for the preparation of food and for your booth. You must have a minimum of a 50 ft high grade electrical cord. (Initial \_\_\_\_\_)
4. **SUPPLIES** – Vendor is responsible for furnishing anything above and beyond what is supplied by the Chamber that will be needed to serve at the booth. (Initial \_\_\_\_\_)
5. **SET UP & BREAKDOWN** – Booth must be completely set-up, decorated and ready to open for sampling by **6:00 PM** when VIP Hour begins. The event goes until 10:00 PM and vendors may not close down before the end of the event without prior approval. (Initial \_\_\_\_\_)
6. **CLEAN UP** – The Vendor’s assigned area must be left clean, including but not limited to the collection of all food, grease, refrigerators, food warmers, paper goods, serving dishes, extra tables and chairs. In the event that the area is not returned to original condition, the vendor agrees to pay any additional costs if damage to area is assessed. (Initial \_\_\_\_\_)
7. **INSURANCE** – The Vendor shall procure and maintain, throughout the term of this Agreement, liability insurance coverage reflecting at a minimum an amount of not less than one million dollars (\$1,000,000) for general liability coverage per incident and two million dollars (\$2,000,000) in aggregate. **THE CERTIFICATE OF INSURANCE (COI) REFLECTING THE REQUIRED COVERAGE MUST BE SUBMITTED PRIOR TO THE EVENT.** Please contact your insurance provider and request an addendum to cover this specific event. There should be no additional cost to you for requesting a COI. (Initial \_\_\_\_\_)

A COI is required to cover the City of Miramar and the Miramar Pembroke Pines Chamber of Commerce as additional insured parties. **You must get TWO (2) COIs:**

|  |  |
|--|--|
| <b>City of Miramar</b><br><b>2300 Civic Center Place</b><br><b>Miramar, FL 33025</b> | <b>Miramar Pembroke Pines</b><br><b>Regional Chamber of Commerce</b><br><b>15800 Pines Boulevard, Suite 311</b><br><b>Pembroke Pines, FL 33027</b> |
|--|--|

**Additional Insured Verbiage**

***“One-Day Event Only for providing services only on March 15<sup>th</sup> at the Miramar Amphitheater for the Sip of Wine, Taste of Heaven event. The Miramar Pembroke Pines Regional Chamber of Commerce, the City of Miramar in its capacity as a municipal corporation, and the Miramar Pembroke Pines Regional Chamber of Commerce, and City of Miramar directors, officers, agents, employees, independent contractors, and volunteers are named as additional insured.”***

8. For value received, the Vendor shall defend, indemnify, save, and hold harmless The Miramar-Pembroke Pines Regional Chamber of Commerce and the City of Miramar, its assigns, and employees, harmless from any and all claims or causes of action, including without limitation, all damages, losses, liabilities, expenses, costs, and attorney’s fees related to such claims, resulting from any negligent or intentional act or omission, or the violation of any federal, state, or local law or regulation, by the vendor, its subcontractors, agents, assigns, invitees, or employees in connection with this Agreement. The Vendor further acknowledges that he or she is solely responsible for ensuring its compliance and the compliance of its subcontractors, agents, assigns, invitees and employees with the terms of this Agreement. The provisions of this paragraph survive the termination or expiration of this Agreement.
9. The Vendor shall not assign, delegate, or otherwise transfer its rights and obligations as set forth in this Agreement without the prior written consent of the MPPRCC. Any attempted assignment in violation of this provision shall be void.
10. The laws of the State of Florida shall govern all aspects of this Agreement. In the event it is necessary for either party to initiate legal action regarding this Agreement, venue shall be in the Seventeenth Judicial Circuit for claims under state law and in the Southern District of Florida for any claims which are justifiable in federal court.
11. The Event may terminate this Agreement at any time upon twenty-four (24) hours prior notice to the Vendor or the day of the event if vendor is not complying with agreement or a natural disaster/weather occurs. The event will take place rain or shine.
12. Except those provisions contained within which survive the termination of this agreement, the terms of this Agreement shall commence on the acceptance date by the Vendor on the last page of this Agreement and shall continue until all contractual obligations are completed.
13. **ORIENTATION** - There will be a **mandatory orientation on Monday, March 10, 2025**. Any changes to the final layout **MUST** be made at this time. **NO CHANGES WILL BE MADE TO THE BOOTH OR ITS LOCATION AFTER THE DATE OF ORIENTATION.**
14. **AWARDS/JUDGING:** Food Exhibitor Booths will be judged throughout the evening. There will be five awards given at the end of the evening:
  - **“SILVER PLATTER AWARD” – big business/chain category – judges’ panel**
  - **“IN PERFECT TASTE” AWARD – small business/independent category– judges’ panel**
  - **“DECADANT ENDING” AWARD – dessert category – judges’ panel**
  - **“SPIRITED POUR” AWARD – drink category - judges’ panel**
  - **“PEOPLE’S CHOICE AWARD” – voted LIVE by the event attendees**

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

Authorized Representative (Printed Name): \_\_\_\_\_

Authorized Representative (Signature): \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|  |                                      |                   |
|--|--------------------------------------|-------------------|
| PRODUCER<br>YOUR INSURANCE AGENT/<br>COMPANY INFORMATION | CONTACT NAME:                        |                   |
|  | PHONE<br>(A/C, No, Ext):             | FAX<br>(A/C, No): |
|  | E-MAIL ADDRESS:                      |                   |
|  | INSURER(S) AFFORDING COVERAGE        |                   |
|  | INSURER A : YOUR INSURER INFORMATION |                   |
| INSURED<br>YOUR COMPANY INFORMATION                      | INSURER B :                          |                   |
|  | INSURER C :                          |                   |
|  | INSURER D :                          |                   |
|  | INSURER E :                          |                   |
|  | INSURER F :                          |                   |
|  | NAIC#<br>12345                       |                   |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/Y YY) | LIMITS                                    |             |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|-------------|
| A        | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> General Liability              | X         |          | 123456789     | 01/01/2025              | 12/31/2025              | EACH OCCURRENCE                           | \$1,000,000 |
|          | <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:                 |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) |             |
|          |   |           |          |               |                         |                         | MED EXP (Any one person)                  |             |
|          |   |           |          |               |                         |                         | PERSONAL & ADV INJURY                     |             |
|          |   |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$2,000,000 |
|          |   |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    |             |
|          | <b>AUTOMOBILE LIABILITY</b>   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       |             |
|          | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS |           |          |               |                         |                         | BODILY INJURY (Per person)                |             |
|          |   |           |          |               |                         |                         | BODILY INJURY (Per accident)              |             |
|          |   |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            |             |
|          | <b>UMBRELLA LIAB EXCESS LIAB</b>  |           |          |               |                         |                         | EACH OCCURRENCE                           |             |
|          | <input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |           |          |               |                         |                         | AGGREGATE                                 |             |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  |           |          |               |                         |                         | PER STATUTE                               | OTH-ER      |
|          | <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      |               |                         |                         | E.L. EACH ACCIDENT                        |             |
|          |   |           |          |               |                         |                         | E.L. DISEASE -EA EMPLOYEE                 |             |
|          |   |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               |             |

**SAMPLE****DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

One-Day Event Only for providing services only on March 16, 2024 at the Miramar Amphitheater for the Sip of Wine, Taste of Heaven event. The Miramar Pembroke Pines Regional Chamber of Commerce, the City of Miramar, City of Miramar in its capacity as a municipal corporation, Klass-Ex LLC, the Miramar Pembroke Pines Regional Chamber of Commerce, City of Miramar and Klass Ex LLC's directors, officers, agents, employees, independent contractors, and volunteers are named as additional insured.

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| CITY OF MIRAMAR<br>2300 CIVIC CENTER PL<br>MIRAMAR FL 33025-6577 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|  | AUTHORIZED REPRESENTATIVE<br><i>Signature Here</i>   |

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