

District of Sicamous

446 Main Street
PO Box 219
Sicamous, BC
VOE 2V0

T: 250 836 2477
F: 250 836 4314
E: info@sicamous.ca
sicamous.ca



Special Event Vendor Permit Application Form

Please submit completed form to Recreation & Events Manager via one of the following:

- Email: recreation@sicamous.ca
- Fax: 250-836-4314
- In person: 446 Main Street

Rates:

Food Vendor	\$100
Commercial Vendor	\$50
Artisan Vendor	\$20
Service Clubs	Free

Business Name: _____ Website: _____

Contact Name: _____ Business Phone: _____

Physical Address: _____

Mailing Address (if different from physical address): _____

Email: _____

Event Name: _____

Event Location:

- | | |
|--|---|
| <input type="checkbox"/> Sicamous Beach Park | <input type="checkbox"/> 200 Main Street Park |
| <input type="checkbox"/> Finlayson Park | <input type="checkbox"/> Finlayson Concession |
| <input type="checkbox"/> Sicamous Dog Park | <input type="checkbox"/> Other (please specify) _____ |

Type of Product:

REQUIREMENTS CHECKLIST	YES	NO	N/A	Office Use Only
Comprehensive general liability insurance certificate				
Motor vehicle liability insurance certificate				
Temporary Food Services Permit (Interior Health approval required)				
Signed release of Liability, Waiver of Claims, and Indemnity Agreement				

Terms & Regulations

All applicants must include proof of comprehensive or commercial general liability insurance coverage in the minimum amount of \$2,000,000 per occurrence, for bodily injury and property damage, with the District of Sicamous as an additional name insured.

Applicants (except open air vendors) must include proof of Motor Vehicle Liability Insurance with a minimum coverage of \$2,000,000.

It is the sole responsibility of the Applicant to determine what additional insurance coverages, if any, is necessary and advisable for its own protection and/or to fulfill its obligations under this contract. Any such additional insurance shall be maintained and provided at the sole expense of the Applicant.

The Applicant understands and agrees that this Permit may be revoked or cancelled at any time with or without cause. The Municipality will make every reasonable attempt to provide a minimum seventy-two (72) hours' notice of a cancellation to the Permit.

Indemnity Agreement

If the special event mobile vendor permit is granted to you by the District, you and your organization must indemnify and save harmless the District, and its officials, officers, employees and agents from any claim, lawsuit, liability, debt, demand, loss or judgment (including costs, defense expense and interest) whatsoever and howsoever arising either directly or indirectly as a result of the granting of the permit or the use of District property or facilities. You also agree to waive all rights of subrogation or recourse against the district as a result of the granting of the permit or the use of District property or facilities.

Comprehensive Liability Insurance – Proof of Insurance:

The District of Sicamous will require a copy of the applicant's Declaration. General Policy wording and Endorsements (additions/amendments to general policy) in any situation in which Proof of Comprehensive Liability Insurance (with minimums) is required.

Signed and witnessed this _____ day of _____, 20__.

I have read the above, fully understand, and will comply with the Terms and Regulations and the Indemnity Agreement.

Witness Signature

(Signature of Licensee)

(Print Name)

Authorized Signatory

City, Province, Postal Code

District of Sicamous,
446 Main Street, PO Box 219
Sicamous, BC, V0E 2V0

Dated this _____ day of _____, 20__.

Personal information on this form is collected under the authority of the *Freedom of Information & Protection of Privacy Act* for the purpose of processing this application. Personal information is protected from unauthorized use and disclosure in accordance with the *Freedom of Information & Protection of Privacy Act* and may only be used and disclosed as provided by that Act. Questions regarding the collection of personal information can be directed to the Administrator or FOI Coordinator, District of Sicamous, PO Box 219, 446 Main Street, Sicamous, BC V0E 2V0, dco@sicamous.ca, 250 836 2477.