



DISTINGUISHED MEN COOKIN' WITH THE DELTAS



Please carefully read and complete this entire form. Your signature on page two of this form indicates that you have read and agreed to comply with the terms and conditions presented on this Vending and Indemnification Form. Please remit payment and form to the address listed below.

VENDING & INDEMNIFICATION FORM

Business Name: _____
Vendor Name: _____
Street Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone: _____ **Alternate Phone:** _____
E-Mail Address: _____

Cherie Brown Jackson
 President
 Washington DC Alumnae Chapter

Audrey M. Doman
 President
 Washington, D.C. Alumnae Foundation

Monica Bailey
 Delissaint
 3rd Vice President
 Washington DC Alumnae Chapter

Chanelle Bonner
 Co-Chair
 DMCwD

Nancy Harris
 Co-chair
 DMCwD

Scheduled vending date(s) and time: **Saturday, May 4, 2019 | 3:00PM – 6:00PM**

Approved vending location: **Trinity Washington University | Athletic Center
 125 Michigan Ave | NE | Washington | DC 20017**

WDCAC in conjunction with WDCAF, Inc. presents

15th Annual Distinguished Men Cookin' with the Deltas

Vendor Fee(s): **\$200** **\$400**
 ONE TABLE **TWO TABLES**

Vending Options: **Skirted Table** **Un-skirted Table**

Products/Services to be sold, distributed or promoted:

NOTE: The vending of products or services not listed above shall be deemed to be vending without a permit. Each vendor will receive one (1) skirted 6 or 8 feet table and two (2) chairs; unless otherwise specified.

Please attach a copy of the following supporting documents:

- Business license **or** a government issued photo ID
- Valid Certified Food Manager Certificate (if applicable)
- Valid Certificate of Insurance

TERMS AND CONDITIONS

- **SET-UP: 1:00pm, but no later than 2:30pm BREAK-DOWN: 6:30pm and must be off premises by 7:00pm.**
- **Food Vendors are required to stay updated on the latest District of Columbia health code and fire safety regulations and show documentation of the latest DC Code orientations.**
- **Vendor is responsible for the collection and payment of sales tax to the District of Columbia Office of Finance and Revenue.**
- **Vendors selling or distributing consumables or personal care products must have required certification and certificate of insurance.**
- **Vendor must maintain control over its employees and agents, verse employees on proper customer service procedures, and provide patrons with efficient and courteous service.**
- **Vendor is responsible for removal of their trash, spills and residue.**
- **In the case of damage of any kind to property, as a result of the vendor's use, the vendor shall pay such amount to restore the property to its condition prior to use by the vendor.**
- **The vendor participation fee is non-refundable.**

TERMS AND CONDITIONS ARE SUBJECT TO REVISION

INDEMNIFICATION

The vendor hereby releases the Washington DC Alumnae Chapter (WDCAC), of Delta Sigma Theta Sorority, Inc. and the Washington, D.C. Alumnae Foundation (WDCAF), Inc. from any liability for property damage or personal injury to the vendor or its employees, agents, or guests on the property for the purpose of exercising the privileges of this permit. In addition, the vendor agrees to defend, indemnify and hold harmless WDCAC and WDCAF, Inc. from and against any claim, action, liability, or costs, including without limitation attorneys' fees, related to any act or omission of the vendor or its principals, officers, employees, agents, guests, or other persons admitted to the premises by the vendor, related in any way to the vendor's exercising privileges of this permit.

Applicant represents that it is familiar with and will comply with all applicable laws, regulations and rules applicable to activities it will perform under this permit, including without limitation the most current Vending Regulations. Failure to comply with applicable laws, regulations, and rules will subject the applicant to termination of current vending privileges, denial of future vending privileges, and such other liabilities and consequences as may be appropriate under the law and Sorority policy.

By submitting this agreement, you also hereby give permission that photos containing your image/likeness may be used for publicity or general information purposes including publications on WDCAC and/or WDCAF, Inc. website or within other publicity which may be seen by the general public. The organizers of this event will not seek any further permission nor provide any notification or compensation before using such photos. WDCAF, Inc. is a 501(c)3 charitable organization.

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**I, the undersigned vendor/promoter, have read and agreed to the terms and conditions for participation as a vendor at the WDCAC/WDCAF event(s),**

\_\_\_\_\_ Signature

Authorized Vendor Name / Print Name

\_\_\_\_\_ Date

Name of Business/ Print

### WDCAC OFFICIAL USE ONLY

**Vendor Fee:**     Received     Not Received    **Date Fee Received:** \_\_\_\_\_ **Amount** \_\_\_\_\_

Received By: \_\_\_\_\_ Date Forms Received: \_\_\_\_\_