



Presented by Akron Children's Hospital

12th Annual *Taste of Hudson*, September 3-4, 2017

EXHIBITOR INFORMATION

We are pleased to announce the NEW Taste of Hudson, scheduled for Sunday, September 3 and Monday, September 4, 2017. We are looking forward to a fun filled Labor Day weekend in downtown Hudson celebrating our 12th year and we welcome you and your business to join us to exhibit your goods and services at Northeast Ohio's premier culinary, music and lifestyle festival.

Drawing over 25,000 people annually, the Taste of Hudson is a destination for guests to spend the day or spend the weekend enjoying more than a dozen local restaurants culinary creations, an extensive wine and beer garden, live entertainment and an endless schedule of children's and family activities.

Proceeds from the Taste of Hudson are granted to more than a dozen non-profit community organizations annually and more than \$300,000 has been donated to date! This could not be achieved without your generous support of our festival partners, exhibitors and patrons!

The Taste of Hudson attracts an upscale attendee base and provides our exhibitors the opportunity to interact with current clients and reach new customers in a casual, non-traditional exhibitor setting. The NEW Taste of Hudson will feature an exclusive "Exhibitor Way", sponsored by Key Bank located within the heart of the festival along Village Way. Exhibitors are invited to choose between a space in our community tents or can display in a stand-alone space as well for an increased cost.

Attached you will find all of the information necessary for you to secure your exhibitor space for the NEW 2017 Taste of Hudson. ***Please note that your exhibitor form, City of Hudson vendor form and exhibitor fee is due no later than May 1, 2017 to secure your space.***

Please feel free to contact me at debra@debrasherman.cm or 330-256-8704 with any questions regarding exhibitor space at the NEW Taste of Hudson. We look forward to working with you to enhance your business!

Sincerely,

Debra Sherman
Executive Director
Taste of Hudson
www.tasteofhudson.com

**12th Annual Taste of Hudson
2017 Exhibitor Package**

OPTION A:

- One 10' x 10' standalone exhibitor tent with one table, two chairs and one linen. Tent locations are determined by festival and will be on pavement. A second 10' x 10' tent may be rented for an additional \$300. Electric service is \$25 and on a limited basis. Additional tables are \$10 each and additional linens are \$20 each.

**Investment
\$650**

OPTION B:

- One 10' x 10' exhibitor space under a "community" tent with 3 to 5 exhibitors per tent. Includes one table, two chairs and one linen. Tent / booth locations are determined by festival and will be on pavement. Exhibitors similar in nature will not be placed in the same tent as a courtesy to each business. A second 10' x 10' space may be rented for an additional \$300. Electric service is \$25 on a limited basis. Additional tables are \$10 each and additional linens are \$20 each.

**Investment
\$550**

BOTH OPTIONS INCLUDE THE FOLLOWING AMENITIES:

- Festival Guide Listing – Your company name listed in the 32 -page event guide inserted in Hudson Hub, Stow Sentry, Cuyahoga Falls Press, Aurora Advocate, Twinsburg Bulletin and other Record Publishing newspapers as well as distributed to Taste of Hudson attendees (80,000 copies distributed)
- Website hot link to your business site from www.tasteofhudson.com and listing on social media pages in pre-festival promotions
- On site signage with business name. You may add marketing elements within your booth space as you see fit. All sales transactions must take place within your designated booth space.
- Special advertising rates for Festival Guide if you'd like to place an ad for your business (ask us for details!)
- Opportunity to sell, sample and/or distribute your company's products and services throughout the two-day festival. (Please note: No cooking or food and beverage sales permitted at exhibitor tents)

To apply for a Corporate Exhibitor space at Taste of Hudson please fill out the following TOH application form, City of Hudson Vendor Form, submit your insurance as outlined in the following pages and mail everything along with payment in full by May 1, 2017 to Taste of Hudson, PO Box 312, Hudson, Ohio 44236 Attn: TOH Exhibitor Committee. Please make checks payable to **Taste of Hudson**.

**12th Annual Taste of Hudson
2017 Exhibitor Application**

Due
May 1

Company/organization name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Email: _____

Website address: _____

Product or service to sell or display: _____

OPTION A: _____ 10' x 10' tent _____ Additional tent at \$300

OPTION B : _____ 10' x 10' space in community tent _____ Additional tent space at \$300
→ Each tent / tent space includes 1 table, 2 chairs & 1 linen

Additional tables: _____ (@ \$10 ea.) Additional linens: _____ (@ \$20 ea.) = \$ _____

Electrical service needed (**\$25 additional charge**): ____ Yes ____ No
→ If Yes for electrical service, what equipment needs to be plugged in? _____

Enclosed is my check # _____ for \$ _____, to reserve one exhibitor tent / tent space at Taste of Hudson 2017 as a Corporate Exhibitor.

Checks to: Taste of Hudson, Inc., PO Box 312, Hudson, Ohio 44236
(If your reservation is cancelled before July 31, 2017 you will be refunded 50% of your exhibitor fee. No refunds after August 1, 2017.)

Or, ____ MasterCard ____ VISA ____ Discover Card: # _____

Exp. Date: _____ CVV: _____

Name as it appears on card: _____

I agree to indemnify and hold harmless Taste of Hudson, First & Main / Hudson Village Finance Company, any benefactors, sponsors, and City in which this event is being held and their officers, agents and employees against all claims, losses, suits, damages, judgments, expenses, costs and charges of every kind resulting from its occupancy of the space herein contracted for by reason of personal injuries, death, property damages or any other cause sustained by any persons, loss or damage to displays or goods belonging to Vendor whether resulting from fire, storms, acts of God, theft, pilferage or other causes.

Signature: _____ Date: _____

Please read the following two pages regarding liability insurance required of all vendors / exhibitors at Taste of Hudson. An example of required Certificate of Liability Insurance is attached. Please be sure to include the City of Hudson as additional insured in the proper box as shown. Submit this form, the following city vendor form, copies of your insurance certificates and payment by May 1, 2017. Incomplete exhibitor packages will not be accepted.

2017 Taste of Hudson

Participant Insurance Requirements For Sponsors, Exhibitors/Vendors and Restaurants Addendum "A"

➤ Liability and insurance

PARTICIPANT will maintain and pay all premium costs for the following insurance coverage in amounts not less than as follows: Proof of all insurance to be provided as indicated in "F" below.

- a. Commercial General Liability Insurance for the limits of not less than \$1,000,000.00 per occurrence bodily injury and property damage combined; Personnel and Advertising injury, \$1,000,000.00 per occurrence; Aggregate Products and completed Operations liability \$2,000,000.00; Fire legal liability, \$1,000,000.00; and General Aggregate limit per location, \$2,000,000.00. This policy shall be written on an occurrence basis with no deductible.
- b. Automobile Liability Insurance with a limit of not less than \$1,000,000.00 combined and covering all owned and non-owned and hired vehicles that will be used to service PARTICIPANTS festival booth/tent space.
- c. Additionally, satisfactory evidence of Workman's Compensation should be provided to Taste of Hudson evidencing coverage of any employee or other affiliate of PARTICIPANT that will be working at the festival on behalf of the PARTICIPANT.
- d. All policies shall be endorsed to name Taste of Hudson, respective officers, agents, contract employees, partners, directors, and employees, the City of Hudson and First & Main / Hudson Village Finance Company "Additional Insured" with respect to any claims **arising from PARTICIPANT's operations**. Further, coverage for the "Additional Insured" will apply on a primary basis irrespective of any other insurance, whether collectible or not, only to the extent of PARTICIPANT liability. Should any additional premium be charged for such coverage or waivers, PARTICIPANT will be responsible to pay said additional premium charge to their insurer. All insurance furnished by PARTICIPANT hereunder will be in full force and effect during the Term and for a period of two years thereafter.
- e. PARTICIPANT will deliver to Taste of Hudson satisfactory evidence of the fore-described insurance coverage on a certificate form approved by Taste of Hudson plus one (1) copy of the policies. All required insurance will be placed with carriers licensed to do business in the State of Ohio and rated no lower than A- in the most current addition of A.M. Best's Key rating guide, and will provide Thirty (30) days written notice of cancellation which notice shall be forwarded to Taste of Hudson.
- f. PARTICIPANT shall defend, indemnify, and hold harmless Taste of Hudson and their respective officers, trustees, employees, agents or shareholders, from and against any suits, claims, demands, losses, or expenses, including reasonable attorney fees, arising out of or resulting from any negligence, wrongful conduct or acts or omissions of PARTICIPANT, or its agents, employees, representatives or subcontractors in the performance of this agreement, except if caused by sole negligence or intentional misconduct of Taste of Hudson.

Submitted to A Taste of Hudson, Inc.

By: Name: _____

Title: _____

Business name: _____

Signature: _____

Date: _____

Addresses for Insurance Certificates:

A Taste of Hudson, Inc
PO BOX 312
Hudson OH 44236

City of Hudson
115 Executive Parkway, Suite 400
Hudson OH 44236

First & Main / Hudson Village Finance Company
43 Village Way, Suite 206
Hudson OH 44236

****PLEASE SEND ALL CERTIFICATES BACK TO TASTE OF HUDSON!
DO NOT SEND DIRECT TO THE CITY OR FIRST & MAIN!****

VENDORS MUST ALSO FILL IN THE SECOND FORM BELOW FOR THE CITY OF HUDSON AND RETURN IT DIRECTLY TO THE TASTE OF HUDSON WITH THE OTHER REQUIRED ITEMS. WE CAN NOT APPROVE YOUR PARTICIPATION IN THE EVENT WITHOUT BOTH SETS OF FORMS AND A VALID INSURANCE CERTIFICATE BY THE NOTED DEADLINE.



Communications • 115 Executive Parkway, Suite 400 • Hudson, Ohio 44236 • (330) 342-1706

*Return completed application to your event organizer.
Please do not submit this application to the City of Hudson as it will not be processed.*

City of Hudson Vendor Application

Event organizers are responsible for submitting Vendor Applications and Certificates of Insurance to the City of Hudson for **each individual vendor no later than 30 days prior to the event**. The insurance must be for \$1 million per occurrence and the City of Hudson must be specifically named as an Additional Insured. The Hold Harmless/Indemnification Agreement on this application must be signed by an authorized representative of the vendor's organization. Late submission of vendor forms or missing documents may jeopardize the participation of the vendor in the event.

EVENT TITLE: _____ 2017 Taste of Hudson _____

EVENT DATE: _____ September 3 & 4, 2017 _____

Vendor Information

Vendor Name:

Vendor Address:

Vendor Contact Person:

Vendor Contact Phone:

Vendor Contact Email:

Website Address:

Products/Services

List all types of products/services that will be sold, distributed, or demonstrated at the event (attach separate sheet if necessary):

Will you have any of the following? Check all that apply:

Face Painting _____ Inflatables _____ Live Animals _____ Massages _____

Medical Tests _____ Pyrotechnics _____ Sports Activities _____

****Please note, corporate exhibitors are not permitted to cook or served any food or beverages. You may sample items such as sauces, oils, etc, but may not sell food for immediate consumption on premise at the Taste of Hudson.****

Food Distribution, Sales, & Preparation

Vendors are responsible for acquiring all County and State health permits required for selling/or preparing foods for public distribution. If food is being prepared, the preparation methods and placement must be approved by the Hudson Fire Department prior to the City granting you permission to participate in the event. **Food vendors must complete a separate form required by the Fire Department.**

Does your exhibit/booth include food concession, preparation, and/or distribution? Please indicate yes or no. If yes, list all types of foods that will be available and how they will be prepared:

Do you intend to cook food in the event area? (check one): Yes No

If yes, please specify the method by checking all that apply below: Gas? Charcoal? Electric?
Propane? Other method? _____

Tents, Booths, and Structures

No tent stakes are permitted on City properties. Please use water barrels or sandbags.

Will you be using tents? Yes No If yes, how many? Please list the size of each tent:

Certificate of Insurance

*All vendors are required to provide a Certificate of Insurance to their event organizer. The Certificate of Insurance must be for \$1 million per occurrence. The City of Hudson MUST specifically be named as an Additional Insured on the policy. Vendor Insurance is due no later than **30 days before the event**. Late submission of insurance may jeopardize your participation in the event.*

Affidavit of Applicant

I have read and understand the rules for vendor/concessionaire use of the City of Hudson greens and public properties. On behalf of my organization, I acknowledge permission to use the greens and public properties in accordance with those rules. In consideration of the permission and privilege allowed to me and my organization hereunder, I do hereby specifically agree on behalf of my organization that we will indemnify, save and hold harmless the City of Hudson and employees from any and all losses, claims actions, or proceedings of every kind and character which may be presented or initiated to recover money, property, or damages for any injuries to persons, injurious results, or any damages to property suffered which arise from our use of the City of Hudson greens or public properties. I agree to make this information available to all other members of my organization.

Printed Name of Vendor: _____

Date: _____

Signature of Vendor: _____

Return completed applications to your event organizer. Please do not submit this application to the City of Hudson as it will not be processed and may jeopardize your participation in the event.

FOR CITY USE ONLY	
APPROVED BY:	DATE:
NOT APPROVED (REASON):	
INSURANCE RECEIVED AND APPROVED:	DATE:



CERTIFICATE OF LIABILITY INSURANCE

MERCH-1 OP ID: R3

DATE (MM/DD/YYYY)
08/22/14

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 Phone: 330-863-3800 Fax: 330-863-3811 Your agency info here	CONTRACT NUMBER: PHONE: FAX: E-MAIL: ADDRESS:
	INSURER(S) AFFORDING COVERAGE INSURER A: Auto-Owners Insurance Company NAIC # 18888 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Your business name here	

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.

TYPE	TYPE OF INSURANCE	POLICY DATE	POLICY END DATE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X			10/20/14	10/20/15	SACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						UMBI (to be added to schedule) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MDI EXP (Any one person) \$ 5,000
							PERSONAL & ADJ INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						CONTRACT SCHED LIMIT \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	HIRE/AUTOS						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS						
	NON-OWNED AUTOS						
	UMBRELLA LIAB						SACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						STATE/TERRITORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICERS/DIRS EXCLUDED						E.L. EACH ACCIDENT \$
	Mandatory in MS						E.L. DISEASE - SA EMPLOYEES \$
	If you schedule users description of the operations below						E.L. DISEASE - POLICY LIMIT \$

Make sure the event dates fall between the policy dates

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate holder is named as an additional insured

CERTIFICATE HOLDER List each entity and their address here (TOH, City, First & Main) One COI per entity required.	CANCELLATION 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 Robert A Strohan
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