



The Palm Beach County HIV CARE Council
invites you to

3rd ANNUAL COMMUNITYWIDE HEALTH & WELLNESS FESTIVAL

Saturday, November 9, 2019

10:00 a.m. - 2:00 p.m.

The Loading Ramp

524 SW Avenue "C" Place, Belle Glade, FL 33430

FREE activities will include:

- Entertainment
- HIV & Hepatitis Testing
- Health Screenings
- Linkage to Care Services
- Prizes & More!

RSVP:

<https://healthandwellnessfestivalpbc.eventbrite.com>

For more information, please contact Neeta Mahani at
561-355-4820 or Nmahani@pbcgov.org.

OUR HEALTH. OUR VOICE.



Palm Beach County
**COMMUNITY
SERVICES**

Helping People Build Better Communities



Palm Beach County
Board of County Commissioners
Mack Bernard, Mayor, Dave Kerner, Vice Mayor
Hal R. Valeche, Gregg Weiss, Robert R. Weinroth,
Mary Lou Berger, Melissa McKinlay

Verdenia C. Baker, County Administrator





Vendor/ Exhibitor Application Process

Vendors and exhibitors must meet all Palm Beach County requirements to become an approved special event vendor/exhibitor. Vendors and exhibitors must submit a signed application to the Palm Beach County Community Services Department for review and approval. The request must be approved/signed and all other requirements met prior to vendor set up or services rendered. Once approved, a Special Event Vendor Certificate will be issued and is to be displayed on site. The approved vendor may only operate at the approved location during the approved dates/times.

REQUIREMENTS:

Forms to be submitted:

1. Application- which includes contact information and a list of products or services to be offered and a description of exhibits (page 2).
2. Indemnification waiver- required for all participants (page 2).
3. Certificate of insurance (see below for requirements).

Application requirements based on vendor/exhibitor type

Type	Application	Waiver	\$1,000,000 General Liability	\$100,000/ \$300,000 Auto (if operating a vehicle or trailer during event)	Product Liability Insurance
Food vendor	X	X	X	X	X
Other vendors selling or advertising products or services (For profit or Not-for- profit)	X	X	X	X	X
Educational Exhibitor (For profit or Not-for- profit)	X	X	NR	NR	NR

NR=Not required



PALM BEACH COUNTY COMMUNITY SERVICES DEPARTMENT
810 DATURA STREET, WEST PALM BEACH, FL 33401

VENDOR /EXHIBITOR APPLICATION

All requests for vendor operations and exhibitors must be submitted to the County for approval. Approved vendors will receive a Certificate allowing them to operate during designated dates/times.

(Please type or print ALL information clearly when completing the form)

VENDOR/EXHIBITOR INFORMATION

 Selling/promoting food, services, or merchandise

 Exhibitor

(Legal Business Name of Firm/DBA)		(Individual Contacts Name)	
(Street Address)		(City)	(State) (Zip Code)
(Business Phone)	(Cell Phone)	(Fax)	(Email)
Items to be provided as giveaways for the public (if applicable):			
Items to be sold (if applicable):			

Type of Organization: Individual/Sole Proprietor Non-Profit Partnership Corporation

Insurance: Please submit a copy of your insurance certificate with application. Vendors selling or giving away food items or products must include product liability coverage. See back for information on insurance requirements for each organization type.

Palm Beach County Board of County Commissioners listed as certificate holder

Palm Beach County Board of County Commissioners listed as additionally insured

INDEMNIFICATION

Vendor Indemnification Waiver

I, _____ in consideration for myself to participate in _____ event sponsored by Palm Beach County Community Services Department, agree to protect, defend, reimburse, indemnify and hold Palm Beach County, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, arising during, as a result of, or in connection with my participation in this program. I have read the above and understand it and hereby agree that I will not hold Palm Beach County liable for any injuries that may occur as a result of my participation in the activities provided at this event.

Signature of Vendor/Exhibitor/Presenter

Print Name of Vendor/Exhibitor/Presenter