



**Board of County
Commissioners**
Kevin Beckner
Victor D. Crist
Ken Hagan
Al Higginbotham
Lesley "Les" Miller Jr.
Sandra L. Murman
Mark Sharpe

Parks, Recreation & Conservation

County Administrator
Michael S. Merrill

**County Administrator
Executive Team**
Lucia Garsys
Carl S. Harness
Gregory S. Horwedel
Liana Lopez
Bonnie Wise

County Internal Auditor
Michelle Leonhardt

County Attorney
Chip Fletcher

**Parks, Recreation &
Conservation**
PO Box 1110
Tampa, FL 33601-1110
Phone: (813) 635-3500
Fax: (813) 635-3527

Dear Vendor:

Thank you for your interest in Hillsborough County's Parks, Recreation and Conservation Department For-Profit Special Event Vendor Packet. The packet includes the following:

1. Instruction Page
2. Application
3. Additional Requirement Page
4. Relative Disclosure Statement
5. Hold Harmless Agreement

After you have reviewed the application and have determined that you are capable of meeting the requirement, you may apply to be considered for a vendor's license/certificate. This can be done by completing and returning the attached application to:

Hillsborough County BOCC
County Center
601 East Kennedy Blvd., 23rd Floor
Tampa, FL 33601
Attention: April Young
Fax: (813) 272-5288

Also, please allow a minimum of five working business days for your packet to be processed. If you should have any questions, please call me at (813) 635-3510.

Sincerely,

April Young

April Young
Special Events Coordinator, Parks, Recreation and Conservation

INSTRUCTIONS

Please read the following instructions prior to completing the attached application.

A completed Application must be submitted by any company/vendor that would like to be considered for vendor placement in any Hillsborough County Park. The primary function of this application is for the County staff to understand and incorporate vendors based on the specified requirements and appropriateness as it relates to the event.

Please note each vendor will be required to sign a Vendor Agreement.

TERMS AND PAYMENT INFORMATION

Application Review Process

The application review process begins when you submit your completed Application with ALL required attachments. Upon receipt of your Application, a County staff member will perform an initial screening of the submitted information. Documentation you provide will be forwarded to the appropriate staff member for review and approval. A completed Application with ALL required attachments must be received for your Application to be processed: not providing these requested items could result in immediate denial of your Application. Upon completion of the Review Process a phone call will be placed to you indicating whether your Application has been approved or denied.

Fees

There are no fees directly associated with submitting an Application. However, there are other fee(s) associated with the License to Vend in County Parks Permit. The permit holder shall pay a fee to the COUNTY of Fifty-three Dollars and fifty cents (\$53.50) at the time the permit is issued. (\$50 fee + \$3.50 tax)

Note: The \$53.50 fee is for one park. Each additional park that you are approved for is an additional \$53.50. The vendor fee was approved by the Hillsborough County Board of County Commissioners in 2009 as part of a larger fee schedule and incorporated into Board policy

Payment

Mail

Vendor Payments must be in the form of a check or money order made payable to BOCC (Board of County Commissioners)

Office

All forms of payments are accepted in the office.

(FOR PROFIT) SPECIAL EVENT VENDOR APPLICATION
Hillsborough County Park, Recreation, and Conservation Department
County Center
601 East Kennedy Blvd., 23rd Floor
Tampa, FL 33601
(813) 635-3510



BUSINESS INFORMATION

Name of Firm:		
Owner of Firm:	Telephone No.: ()	
Address:		
City:	State:	Zip
Email Address:		
Contact Person:	Telephone No.: ()	
Federal I.D. No.:	Occupational License Number:	
Type of Organization () Individual () Small Business Concern () Non-Profit Organization () Partnership () Joint Venture () Corporation		
Name of Officers, Owners and Partners:		
Name:	Title:	Telephone No.: ()
1)		
2)		
I am interested in vending at the following park (s) locations: (Use back if necessary)		
1)		
2)		
3)		
4)		
Date of Event:	Time of day:	
Purpose of the event:		
Items I intend to sell include:		
Type of concession facility (provide picture):		
Anticipated number of person to attend the event:		
Print Name:		
Owner's Signature:	Title:	Date:

ADDITIONAL REQUIRED DOCUMENTATION

Once notified that you have been accepted as a vendor for the specified event, a copy of the following items must be received along with your payment.

Insurance Requirements:

a. **Worker's Compensation (as required by Florida Statute) & Employer's Liability Insurance**

The LICENSEE'S employees engaged in the project shall be covered by appropriate types of worker's compensation insurance.

- Employer's Liability \$100,000.00 Limit Each Accident
 \$500,000.00 Limit Disease Aggregate
 \$100,000.00 Limit Disease Each Employee

b. **Commercial General Liability Insurance**

- \$500,000.00 General Aggregate
- \$500,000.00 Products and Completed
 Operations
- N/A Personal and Advertising Injury
- \$500,000.00 Each Occurrence
- N/A Fire Damage (any one fire)

c. **Business Automobile Liability: "ANY AUTO "coverage is required:**

- \$500,000.00 Bodily Injury/Prop Damage Combined Single Limit
- Proof Auto Liability Only-Add'l Insured Not Req'd

d. **Other:**

*Any General Liability, Pollution Liability, Garage Keepers, and Aircraft Insurance policies that are required under this contract must include "Hillsborough County BOCC" as Additional Insured.

Note:

- Vendors with no employees must submit a notarized letter stating they have no employees or Vendor will be expected to provide Workers' Compensation Insurance.
- Hillsborough County BOCC must be listed as additional insured
- The certificate holder must read as follows:
Hillsborough County BOCC (Board of County Commissioners), POB 1110, Tampa, FL 33601



IN ANSWERING THE NEXT 2 QUESTIONS, YOU MAY OMIT MINOR TRAFFIC VIOLATIONS.

HAVE YOU EVER PLED GUILTY, BEEN CONVICTED OF or PLED NOLO CONTENDRE TO ANY CRIME AS AN ADULT, OTHER THAN MINOR TRAFFIC VIOLATIONS? YES _____ NO _____

DO YOU CURENTLY HAVE ANY LAW VIOLATIONS PENDING AGAINST YOU? YES _____ NO _____

*** IF YOU ANSWERED YES TO EITHER LAW VIOLATION QUESTION, PROVIDE THE TYPE OF LAW VIOLATION, DATE OF OCCURRENCE, CITY/STATE WHERE THE VIOLATION(S) OCCURRED AND THE PENALTY IMPOSED FOR EACH CRIME/VIOLATION.

HILLSBOROUGH COUNTY IS AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYOER THAT ENFORCES A DRUG FREE WORKPLACE.

PLEASE ATTACH A COPY OF YOUR DRIVER LICENSE AND SOCIAL SECURITY CARD FOR IDENTIFICATION AND ANY ADDITIONAL INFORMATION YOU WISH TO SUBMIT.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____



Relative Disclosure Statement

In order to prevent preferential treatment in the vendor practices of the County, as well as to avoid creating situations when favoritism may be alleged to be associated with operational decisions within the County, all vendors must disclose and report the employment relationships of their family members as described below.

Family members: Shall include the following relationships, whether established by blood (consanguinity), marriage (affinity), or other legal action: Father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, and half-sister.

Check The Appropriate Box

- I certify that I **Do Not** have a family member, as defined above, currently employed with Hillsborough County
- I certify and disclose the following family members, as defined above, are currently employed with Hillsborough County

Name	Department	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Vendor Signature: _____ Date: _____



HOLD HARMLESS/INDEMNIFICATION AGREEMENT

Hillsborough County shall not be liable for, and **(the undersigned)** hereby agrees to defend, indemnify and hold the **County** harmless for any and all claims for loss, damage or injury of any nature whatsoever to person or property which claim results in any way from, arises in any fashion from, is connected with, or results from the undersigned's use of:

(LOCATION USED)

Signature

Date

APPLICANT'S NAME:

(please print)

ORGANIZATION:

STREET ADDRESS:

CITY/ZIP:

APPROVAL TO
USE CENTER/
PARK PROPERTY: Dates:

Times:

Activity or Purpose:

ATTACH INSURANCE CERTIFICATE (approved by Risk Management) cub108db.doc (8/09)

Revised 12/12/12

(8/12/2014-v9)