



The Village of LindenHurst Business Improvement District invites you to participate in the Fourth Annual

LindenHurst Christmas Kindlmarket 2024

**Sunday, December 1, 2024
Noon- 5pm
at The LindenHurst Village Square**



**The Market will take place on Sunday
December 1st in Downtown
Lindenhurst at The Village Square on
North Wellwood & East Hoffman Avenues.
The celebration will involve vendors,
entertainment, decorations, and food that
will kick off the Holiday Season.**

Activities will include the following:

- **Lindenhurst Business Improvement
District Kindlmarket**
- **Lindenhurst Fire Department
Holiday Parade**
- **Lindenhurst Historical Society
Tree Lighting**
- **Lindenhurst Chamber of Commerce
Santa In The Park**
- **Performances throughout the day**
 - **Facepainting**
 - **Children's Craft Station**
 - **Ice Sculptures**
 - **& much more**

**There will be a contest for the
Best Decorated Booth.
The winner gets next year FREE!**



Please submit photos of the items you will be featuring and how you will present your booth for event committee evaluation. See vendor application for details and instructions. If you have any questions, please email one of the contacts for this event (see back).

VENDOR FEES

· Non-food Vendors: \$100

· Food / Beverage Vendors: \$150

Please make checks payable to the

Lindenhurst Business Improvement District

Service charge of \$35.00 will be charged for each returned check.

Fee is non-refundable.

SPACE SIZE AND SET UP

· Space size: ten by ten feet. If you are bringing a tent, bring something to anchor down the tent in case of wind.

· Set up starts TWO HOURS BEFORE EVENT TIME.

· Vendors must supply their own table, chairs, booths, trash containers/disposal bags and quiet generator if power is needed.

· Contact the Lindenhurst Business Improvement District to discuss any other requirements.

SALES TAX COLLECTION

Certificate of Authority for sales tax collection must be available for inspection upon request.

INSURANCE & INDEMNIFICATION

Please see attached documents that must be provided to participate in this event.

The Lindenhurst Business Improvement District (BID) reserves the right to limit the number of vendors offering similar items.

APPLICATION CHECKLIST

**Completed Application
Vendor Fee Check
Suffolk Health Dept & SLA Permits
Insurance & Indemnification Requirements
Photos of products for sale**



**Send all to:
LindenHurst Business Improvement District
PO BOX 730 LindenHurst, NY 11757
ALL DUE October 1, 2024**

For more information, please email

**Liz Gilmore
BIDLindenHurst@gmail.com
or
Maryann Weckerle
mw191@aol.com**

Lindenhurst Christmas Kindlmarket

COMMERCIAL VENDOR APPLICATION



INTERNAL USE ONLY	VENDOR ID	DATE RECEIVED	DATE PAYMENT PROCESSED

VENDOR INFORMATION

COMPANY NAME	
CONTACT NAME	TITLE
ADDRESS	
PHONE	EMAIL
FAX	WEBSITE

SCOPE OF WORK Please provide details regarding the offerings of your organization.

--

FEE AMOUNT	MADE PAYABLE TO
	LINDENHURST BID PO BOX 730 Lindenhurst, NY 11757

VENDOR FEES

- Non-food Vendors: \$100
- Food /Beverage Vendors: \$150

APPLICATION CHECKLIST

- Completed Application
- Vendor Fee Check
- Suffolk Health Dept & SLA Permits
- Insurance & Indemnification Requirements
- Photos of products for sale

CERTIFICATION

I hereby affirm that all information supplied is true and accurate to the best of my knowledge. Notice must be given to the Lindenhurst BID of any change in status impacting the information above.

NAME	TITLE
SIGNATURE	DATE

Lindenhurst Christmas Kindlmarket 2024

Event Vendor Insurance Requirements and Options

They need to be met 30 days prior to the commencement of the event.

This original form must be complete, signed, dated and returned with the required **original certificate(s) of insurance.**

A) If you **do not have insurance** and would like to get a quote in order to be included on the master event insurance policy, **please initial here** _____

B) If you **have your own insurance**, please follow the steps below and **provide coverage.**

1. Applicable to all vendors

General Liability Limits \$1,000,000 Occurrence/\$2,000,000 Aggregate

2. If you **do not use a motor vehicle** as part of your operations, **please initial** _____

Commercial Auto Insurance Limit \$1,000,000

3. If you **do not serve alcohol** as part of your operations, **please initial** _____

Liquor Liability Insurance Limit \$1,000,000

4. **Name as Additional Insured** on all applicable coverages above:

Lindenhurst Business Improvement District, PO Box 730 Lindenhurst NY 11757

and the Inc Village of Lindenhurst, 430 S Wellwood Ave Lindenhurst NY 11757

5. If you **do use employees/volunteers** as part of your operation, **please initial** _____

Workers' Compensation Limits \$1,000,000/\$1,000,000/\$1,000,000

C) Indemnification, applicable to all vendors, please fill in your name and sign below.

The Vendor, _____ shall

indemnify and hold harmless the Lindenhurst Business Improvement District, the Inc Village of Lindenhurst and any associates of the same against any claims, damages, losses, and expenses, including legal fees, arising out of or resulting from performance of the Vendor to the extent caused in whole or in part by the Vendor or anyone directly or indirectly employed by or volunteering for the Vendor.

Signature Event Authority

Signature Vendor

Print Name & Title

Print Name & Title

Dated

Dated