

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.

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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 2025

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