



**DISTINGUISHED MEN
COOKIN' WITH
THE DELTAS**



Please carefully read and complete this entire form. Your signature on page two of this form indicates that you have read and agreed to comply with the terms and conditions presented on this Vending and Indemnification Form. Please remit payment made out to "WDCAC" and this form to the address listed below.

VENDING & INDEMNIFICATION FORM

Business Name: _____

Vendor Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Phone:** _____

_____ **Alternate Phone:** _____

E-Mail Address: _____

Scheduled vending date and time: **Saturday, May 6, 2017 | 3:00PM – 6:00PM**

Approved vending location: **Trinity Washington University | Athletic Center**

125 Michigan Ave | NE | Washington | DC

WDCAC Event: **13th Annual Distinguished Men Cookin' with the Deltas: *Licensed to Grill***

Vendor Fee(s): **\$150** **\$250**
 ONE TABLE **TWO TABLES**

Products/Services to be sold, distributed or promoted:

NOTE: The vending of products or services not listed above shall be deemed to be vending without a permit. Each vendor will receive one (1) 8 foot table with a white table cloth and two (2) chairs; unless otherwise specified.

Please attach a copy of the following supporting documents:

- Business license or a government issued photo ID
- Valid Certified Food Manager Certificate (if applicable)
- Valid Certificate of Insurance

TERMS AND CONDITIONS

- **SET-UP: 1 pm, but no later than 2:00 pm BREAK-DOWN: 6:30 pm, and must be off premises by 7 pm.**
- **Food Vendors are required to stay updated on the latest District of Columbia health code and fire safety regulations and show documentation of the latest DC Code orientations.**
- **Vendor is responsible for the collection and payment of sales tax to the District of Columbia Office of Finance and Revenue.**
- **Vendors selling or distributing consumables or personal care products must have required certification and certificate of insurance.**
- **Vendor must maintain control over its employees and agents, verse employees on proper customer service procedures, and provide patrons with efficient and courteous service.**
- **Vendor is responsible for removal of their trash, spills and residue.**
- **In the case of damage of any kind to property, as a result of the vendor's use, the vendor shall pay such amount to restore the property to its condition prior to use by the vendor.**
- **The vendor participation fee is non-refundable.**

TERMS AND CONDITIONS ARE SUBJECT TO REVISION

INDEMNIFICATION

The vendor hereby releases the Washington DC Alumnae Chapter (WDCAC) of Delta Sigma Theta Sorority, Inc. from any liability for property damage or personal injury to the vendor or its employees, agents, or guests on the property for the purpose of exercising the privileges of this permit. In addition, the vendor agrees to defend, indemnify and hold harmless the Sorority from and against any claim, action, liability, or costs, including without limitation attorneys' fees, related to any act or omission of the vendor or its principals, officers, employees, agents, guests, or other persons admitted to the premises by the vendor, related in any way to the vendor's exercising privileges of this permit.

Applicant represents that it is familiar with and will comply with all applicable laws, regulations and rules applicable to activities it will perform under this permit, including without limitation the most current Vending Regulations. Failure to comply with applicable laws, regulations, and rules will subject the applicant to termination of current vending privileges, denial of future vending privileges, and such other liabilities and consequences as may be appropriate under the law and Sorority policy.

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**I, the undersigned vendor/promoter, have read and agreed to the terms and conditions for participation as a vendor at the WDCAC event(s),**

\_\_\_\_\_  
Authorized Vendor Name / Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Business/ Print

\_\_\_\_\_  
Date

**VENDING PERMIT IS VALID THROUGH May 6, 2017**

**COMPLETE & RETURN BY: Friday, March 31, 2017**

**REMIT PAYMENT MADE OUT TO WDCAC, SIGNED VENDOR FORM & SUPPORTING DOCUMENTS TO:**

WDCAC c/o DMCwD  
P.O. Box 90202  
Washington, DC 20090-0202

**INQUIRIES:** Contact the Vendor Team via email at [cookinwiththedeltas@wdcac.org](mailto:cookinwiththedeltas@wdcac.org). Please include "Your Company's Name" in the email subject line.

### WDCAC OFFICIAL USE ONLY

**Vendor Fee:**     Received       Not Received      **Date Fee Received:** \_\_\_\_\_ **Amount** \_\_\_\_\_

**Received By:** \_\_\_\_\_ **Date Forms Received:** \_\_\_\_\_