



**2024 Rendezvous in the Park**  
Food Vendor Contract

Contact Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Size of Food Truck (SQ. FT.) \_\_\_\_\_

**Give a description of what you will be selling or your proposed food menu:**

\_\_\_\_\_  
\_\_\_\_\_

**Contract Terms:**

1. **Use:** You will use the space designated for the purpose of the display and retail sale of your product(s), and for no other purpose.
2. **Booth Needs:** Any modification of construction to the space you occupy required by any code, law or agency of legitimate jurisdiction shall be done at your sole cost and expense.
3. **Fee Schedule:** Each Wednesday you vend for the Rendezvous in the Park event, you **shall pay 8% of your gross sales payable at the end of each vendor date to the Heart of Wisconsin Chamber of Commerce (12% for non-Chamber members)**. If a vendor becomes in arrears, they will not be allowed to vend or be featured in advertising again until all late payments have been received. **If you are not present on the assigned date and didn't notify the Chamber at least one week prior to the assigned date, you will be charged \$50.00** as advertisement has been done for this date.
4. **Insurance Requirements:** You will maintain a policy or policies with established insurance companies throughout the term of this contract hereunder naming the City of Wisconsin Rapids as co-insured and provide proof of said insurance coverage to the Heart of Wisconsin prior to the start of the contract term. **Due to Chamber office no later than May 1st, 2024.**
5. **Loss:** You shall bear sole responsibility for any loss or damage to your premises or merchandise.
6. **Maintenance:** You shall conduct your business in a safe and orderly manner and shall secure all necessary licenses and/or permits and comply with all ordinances. You should leave the premises you occupy clean and in the same condition they were originally.
7. **Indemnity:** You shall indemnify and hold Heart of Wisconsin Chamber of Commerce, from and against any and all claims' liabilities, fines, damages and expenses relating to or arising out of any act or neglect on your part or on the part of your employees or agents.
8. **Sales:** You shall pay any and all tax, which may be levied upon or against your property.
9. **Cancellation Policy:** In the event of inclement weather, you will be contacted no later than **10:00 a.m.** on the day of canceled event. If a vendor must cancel, the Heart of Wisconsin must be notified no later than 4:00 p.m. the Wednesday before vending (this requires a minimum of 7-day notice). If you cancel after that date, a **\$50.00** charge will apply.

- 10. **Signage:** You are encouraged to display a professional promotional banner advertising your organization and its products.
- 11. **Advertising:** Promotional mention of your business will be made the week of your vending date(s).

**2024 Rendezvous in the Park dates I am interested in vending at (please check date requests below):**

<b>June</b>	<b>July</b>	<b>August</b>
_____ <b>19<sup>th</sup></b>	_____ <b>17<sup>th</sup></b>	_____ <b>21<sup>st</sup></b>

The Heart of Wisconsin Chamber of Commerce will consider requested dates when creating the vending schedule. The Chamber reserves the right to modify vendor schedules if necessary. **This is not a final vending schedule.**

**Please indicate your acceptance of and agreement to these terms and conditions by signing and returning this contract by May 1st, 2024, to the Heart of Wisconsin Chamber office.**

**Your attendance is required at a short vendor meeting at the Chamber.** Lacy will contact all interested vendor participants to set a date/time for this meeting.

If you have any questions, please call Lacy Alling at 715-422-4859 or email at [communications@wisconsinrapidschamber.com](mailto:communications@wisconsinrapidschamber.com)

**Vendor Representative:**

***I agree to send the Heart of Wisconsin Chamber of Commerce a valid seller's permit, proof of insurance, and confirmation that my business has passed inspection and received approval and permitted by the Wood County Health Department. (for more information from the Health Department, contact 715-421-8911)***

Acknowledged and agreed to by \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_

**Chamber Representative:**

Acknowledged and agreed to by \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_