



ANNUAL FALL FESTIVAL OCTOBER 10 & 11, 2015

May 13, 2015

Dear Vendor,

Belleayre Mountain would like to invite you to participate in our Annual Fall Festival which will be held at the Overlook Lodge of Belleayre Mountain. This year's event promises to be an exciting one! The Fall Festival will once again feature the prestigious Craft Fair, Winter Equipment & Apparel Sale, the Sky Ride, Fair Food, Musical Entertainment, Outdoor activities, garage sales and antique vendors and much more.

Booth space is available on a first-come, first-serve basis based on postmark dates. All vendor spaces will be measured and outlined so there will be no confusion as to space size and location. As a courtesy to others, all vendors are asked to bring only enough merchandise that will fit in the assigned space.

We strive to retain the high quality and variety of artwork, crafts and products that we have had in the past. In order to monitor the quality of the items and to avoid duplication, we are asking all new vendors to submit photos of their products. We are no longer requiring that everything be handmade in order to participate in the festival. We will however show special consideration to crafters who include activities for children.

Important Festival Details:

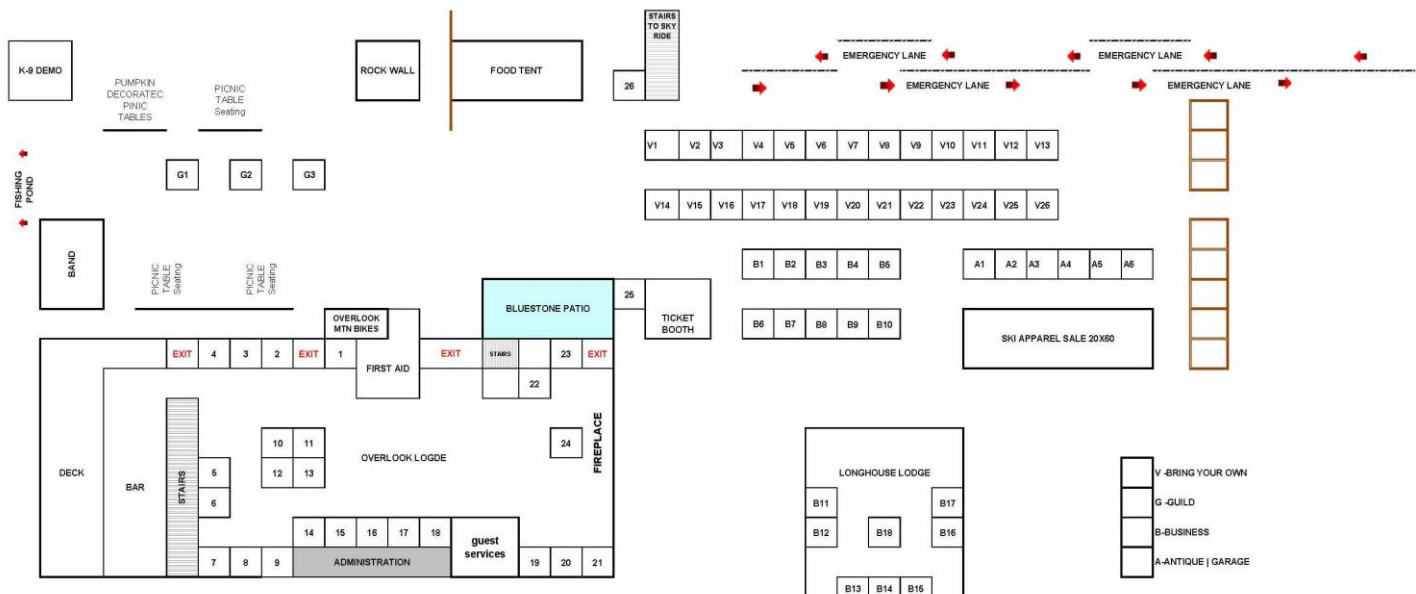
- ✓ Festival Dates: October 10 & 11, 2015 from 10am - 5pm
- ✓ Set-up Date & Hours: Friday, October 9, 10am - 8pm (inside vendors only) or Saturday the 11th from 7am to 9am (outdoor vendors).
- ✓ Varies depending on the type of vendor. (Please see the enclosed application and fee schedule). *Be sure to provide your own extension cord.*
- ✓ Applicants are required to provide a copy of Certificate of Liability and the endorsement page from the insurance company stating the New York Olympic Regional Development Authority and NYSDEC as the additional insured. (See the attached requirements). You may also opt to fill out the hold harmless agreement and wave insurance (attached).
- ✓ Applicants are required to clearly display and provide a copy with vendor application of a validated certificate of authority indicating registration with New York State Tax Department.
- ✓ Belleayre will provide one table free of charge. If you require additional tables, the cost is \$10 for each additional table.
- ✓ For additional registration forms or information, feel free to contact us Mon - Fri, 7am - 3:30pm at 845-254-5600 ext. 2473.

Thank you for participating and we look forward to the best Fall Festival yet!

Sincerely,

Alexandra Sines

Marketing/Sales | P: 845.254.6129 | F: 845.254.5630 | E: asines@belleayre.com | Belleayre, PO Box 313, Highmount, NY 12441





ANNUAL FALL FESTIVAL APPLICATION 2015

Please complete this application and return by September 11, 2015 to: Belleayre Mountain, Attn: Alexandra Sines, PO Box 313, Highmount, NY 12441

Please circle (1): ARE YOU AN ARTS & CRAFTS VENDOR A BUSINESS VENDOR OR AN ANTIQUE OR GARAGE SALE VENDOR?

Business Name: _____

Vendor Tax ID #: _____ (I agree to provide a copy and clearly display a validated certificate of authority, indicating that I am registered with the New York State Tax Department. – not needed for garage sale/ antique sale vendors).

Contact Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Listing of items you plan to display: _____

VENDOR TYPE/ SPACE TYPE:	NUMBER OF SPACES NEEDED:	NUMBER OF TABLES NEEDED:	ELECTRICITY NEEDED (\$25) Y/N?	SPACE CHOICES (UP TO 3):	COST PER SPACE	TOTAL:
ARTS & CRAFTS VENDORS ONLY:						
Vendor Space (Inside Overlook Lodge):					\$100	
Outside Space (providing own tent):					\$75	
BUSINESS VENDORS:						
Vendor Space (Inside Longhouse Lodge):					\$75	
Outside Space (providing own tent):					\$50	
GARAGE SALE/ ANTIQUE VENDOR:						
Outside Spaces Only (providing own tent):					\$50	

Each vendor will receive (1 free table per space) additional tables can be purchased for \$10 each. Vendors are welcome to provide their own tables.

Please provide an email address to receive your vendor information & confirmation _____

Fall Festival Terms and Conditions

- **Applicant will provide a copy of Certificate of Liability Insurance which may be a Homeowners.** Also in the Cert Holder field and the additional insure fields please list New York State Olympic Regional Development Authority 2634 Main St, Lake Placid, NY 12946: Please request that your insurance company send an endorsement page naming NYS ORDA and NYSDEC as additional insured.

In addition, please provide a validated Certificate of Authority indicating that you are registered with the New York Tax Department.

- Applications will be juried by our Festival Committee. Three photographs representing recent work must be submitted by all **new** applicants.

- If vendors arrive with items that are not appropriate the Festival Committee has the right to ask the vendor to leave. **All items do not have to be handcrafted.**

- Exhibitors will be responsible for their own set-up and dismantling. Set-up date is Friday, October 9 from 10am - 8pm (**for indoor vendors**) and Sat. Oct 10 from 6am to 9am (**for outdoor vendors**). Vehicles must be moved to the lower garage lot by 9am each day.

- All spaces will be numbered. Anyone exceeding their designated space may be asked to leave by the Festival Committee. You must stay for the entire duration of the day – vendors who pack up early will not be asked back.

- **The Fall Festival Fee is non-refundable.** A \$30 penalty fee will be charged for a returned check. Final approval and space assignments will be determined by Festival Committee.

Office Use Only:

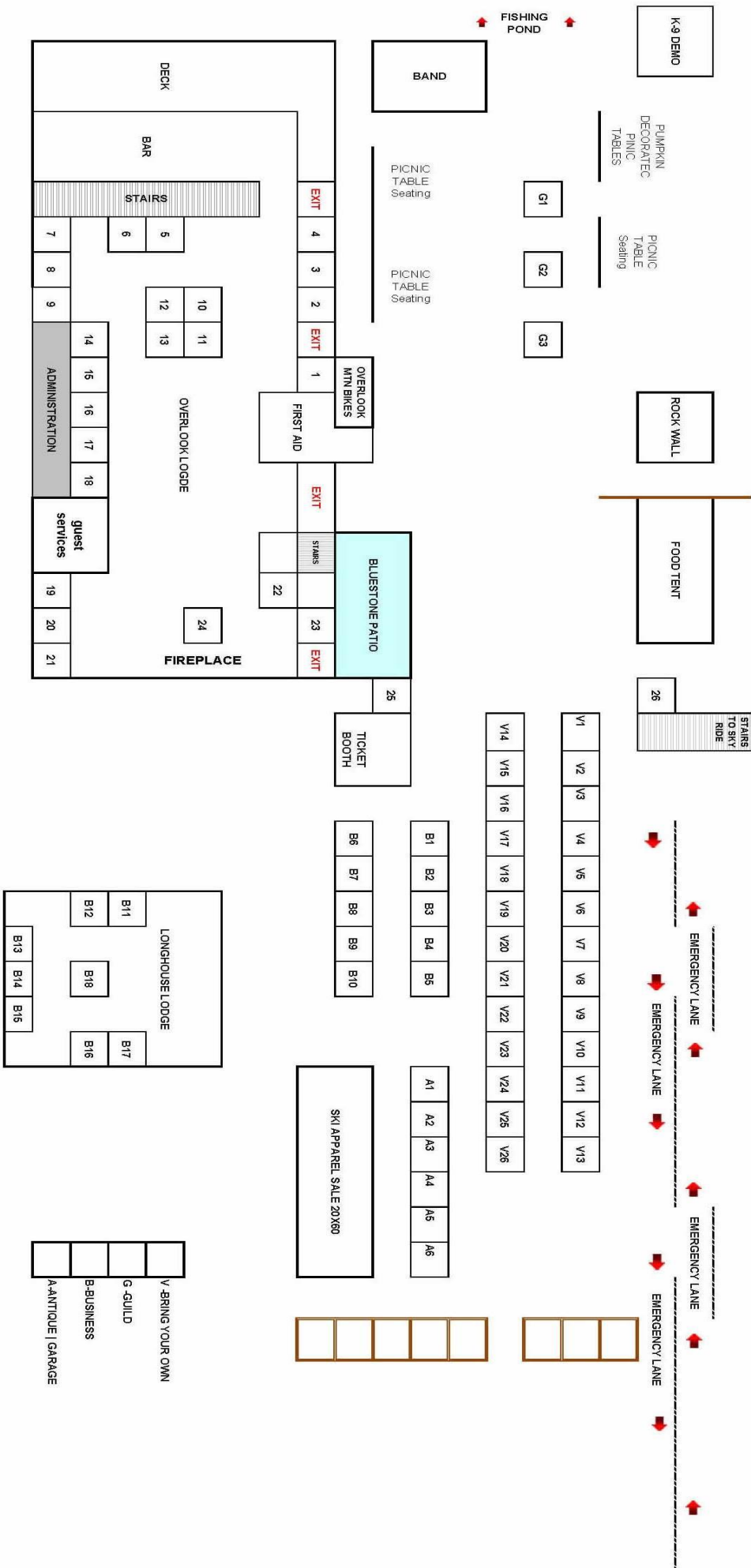
Vendor Space Number: _____

Check #: _____

Tax ID Certificate Received: _____

Insurance Received: _____

Please make checks payable to Belleayre



* LAYOUT MAY CHANGE DUE TO THE NUMBER OF VENDOR APPLICATIONS THAT COME IN!



To: Whom it may concern,

It is our company policy to require all groups and/or vendors using Olympic Regional Development Authority facilities to provide a valid Certificate of Insurance. Therefore, your group/company is requested to submit a Certificate of Insurance with the following minimum required insurance limits. Coverage under the policy afforded to an additional insured will apply as primary insurance.

- 1 – Comprehensive Form General Liability:
- | | |
|---|----------------------------|
| Each occurrence/ BI & PD Combined Occurrence: | \$1,000,000. |
| General Aggregate/ BI & PD: | \$2,000,000. |
| To include: | |
| (A) Blanket Contractual Liability | |
| (B) Abuse and Molestation Liability: | \$50,000 per occurrence. |
| (C) Volunteers as Insured's | |
| (D) Participant Liability | \$1,000,000 per occurrence |
| including accident medical coverage. | |

- 2 – Add the following entities as additional insured's:

PLEASE SEE ATTACHED

- 3 – Proof of NYS insurance

- | | |
|--|-------------|
| (A) Worker's Compensation valid in New York State: | Statutory |
| (B) Employer's Liability: | \$1,000,000 |
| (C) Automobile Liability including Hired and Non-owned Liability | \$1,000,000 |

- 5- Umbrella Liability coverage: \$1,000,000 per occurrence
To apply as excess of primary general liability, participant liability, automobile liability and employer's liability.

Please forward your Certificate of Insurance to the attention of the Risk Management Department at O.R.D.A. at the address listed below. Your immediate attention is appreciated.

Any renewal and/or cancellation notice should be forwarded thirty (30) days prior to the expiration date and/or cancellation of coverage.

Please feel free to contact us if we can be of further assistance. Thank you for your cooperation.

Cordially,
Reed Miller III
Reed Miller III
Risk Management Coordinator

Phone 518-523-8815 rmiller@orda.org Fax 518-523-3834
Olympic Regional Development Authority, 2634 Main St., Lake Placid, NY 12946

Cc: Phone 845.254.6235 asines@belleayre.com Fax 845.254.5630



This Agreement is made and entered in this 10.09.2015, (the "Effective Date"), between

DATE

_____ ("Releaser"), and New York State Olympic Regional

BUSINESS NAME

Development Authority, hereinafter known as ORDA, New York State Department of Environmental Conservation, hereinafter known as "NYSDEC, State of New York, Town of North Elba, Town of North Elba Park District, Village of Lake Placid and **BELLEAYRE MOUNTAIN.**

WHEREAS, ORDA or NYSDEC desires to (_____ to Releaser

CRAFT OR PRODUCT BEING SOLD

WHEREAS, the Releaser desires to use the premises described above for a period of **3 DAYS** beginning **10/9/16**

and ending 10.11.2015 (the "Event Date"); [or similar]

NOW THEREFORE, in consideration of the conditions set forth below and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties, intending to be legally bound, agree as follows:

1.) INDEMNIFICATION :

To the fullest extent permitted by law, _____ ("Releaser")

BUSINESS NAME

agrees to Indemnify, Defend and Hold Harmless ORDA, NYSDEC, and the State of New York and all other additional insureds, their parents, subsidiaries, officers, directors, partners, representatives, agents and employees ("Indemnities") from and against any and all claims, suits, liens, judgments, damages, losses and expenses including legal fees and all court costs and liability including any claims arising under Labor Law Sections 200, 240 and/or 241, Industrial Code Rule 23, arising in whole or in part and in any manner from injury and/or death of any person or damage to or loss of any property arising out of or resulting from performance of Releaser's obligations pursuant to this Agreement.

Releaser agrees to defend and bear all costs of defending any actions or proceedings brought against Indemnities, arising in whole or in part out of any such obligations. The foregoing indemnity shall include injury or death of any of your employees or any subcontractor's employees and shall not be limited in any way by an amount or type of damage, compensation, or benefits payable under any applicable worker compensation, disability benefits or their similar employees benefit act. This indemnification includes but not limited to any claims arising under Labor Law Sections 200, 240 and/or 241, Industrial Code Rule 23 and common law negligence. This indemnity shall survive the termination or cancellation of this Agreement.

2.) GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the internal laws of the State of New York, without regard to the conflicts of laws principles thereof

Signature: _____

Date: _____

Company: _____