

Office of the City Clerk
 433 River St, Suite 5001
 Troy, NY 12180
 (518) 279-7134



ONE DAY VENDOR
 PERMIT

**YOU MUST SUBMIT YOUR APPLICATION AT LEAST
 2 WEEKS BEFORE THE EVENT**

Contact Person:		
Phone #:	Email:	
Business Name:		
Mailing Address:		
Type of Event: <input type="checkbox"/> Block Party <input type="checkbox"/> Street Festival <input type="checkbox"/> Parade <input type="checkbox"/> Other:		
Name of Event:		
Date of Event:	Hours:	
Describe Items Being Sold:		
Are you selling food/beverages? <input type="checkbox"/> No <input type="checkbox"/> Yes (Attach Rensselaer County Health Dept. Certification)		
Name of Insurance Carrier:		
Applicant's Signature:		Date:
<p>Attach to your application (see next page for information):</p> <ol style="list-style-type: none"> 1) \$20 processing fee 2) Background check form 3) Certificate of Insurance naming the City of Troy as an additional insured 4) Proof of worker's compensation insurance or that no worker's compensation is required 5) Rensselaer County Health Department Certification for food/beverage vendors <p>Your application will not be processed until all paperwork has been submitted.</p>		
Office Use Only		
Chief of Police:		Date:
Deputy Mayor:		Date:
(seal)	City Clerk:	Date:

One-Day Vendor Permit Fees, Insurance Requirements, and Rules

1. Permit Fee

There is a non-refundable processing fee of \$20, payable by cash, check or money order. Make checks payable to Troy City Clerk.

2. Background Check

One-Day Vendors are exempt from fingerprinting requirement.

3. Certificate of Liability Insurance.

During the term of any permit, the permit holder shall carry liability insurance naming the City of Troy as an additional named insured for the period covered by the permit.

The following insurance coverage amounts shall apply:

- \$1,000,000 Each Occurrence
- \$2,000,000 Aggregate
- \$1,000,000 Products and Completed Operations
- \$2,000,000 Products and Completed Operations Aggregate
- \$1,000,000 Advertising and Personal Injury Liability

If alcoholic beverages are served and/or sold:

- \$1,000,000 Liquor Liability

Umbrella Liability \$1,000,000 to \$5,000,000 – amount determined by the type of event at the discretion of the Corporation Counsel

Refer to the sample Certificate of Insurance on the following page.

4. Proof of Worker's Compensation.

New York State law requires that you submit either proof of workers' compensation/disability insurance (Form C-105.2) or proof of exemption (Form CE-200). Go to <http://www.wcb.ny.gov/> for more information. Note: you must submit one of these forms; a written statement is not acceptable.

5. Food/Beverage Vendors

If you are preparing, processing, or cooking food on site, you must obtain a one-day permit from the Rensselaer County Department of Health. Please call them at 518-270-2711 or 518-270-2655, or email mgwynn@rensko.com.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AGENT	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
INSURED VENDOR PERMIT YOUR NAME/BUSINESS NAME (Include DBA if relevant)	INSURER(S) AFFORDING COVERAGE	
	INSURER A :	NAIC #
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	

COVERAGES CERTIFICATE NUMBER: CL1931364568 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			CHECK POLICY > DATES AND > AMOUNTS >			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ _____ OCCUR CLAIMS-MADE			UMBRELLA LIABILITY MAY BE REQUIRED BY CITY OF TROY			EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ _____
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				
	LIQUOR LIABILITY			(IF ALCOHOLIC BEVERAGES SOLD/SERVED)			\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THE CITY OF TROY SHALL BE NAMED AS ADDITIONAL INSURED ON A PRIMARY NON-CONTRIBUTORY BASIS.

NAME CITY OF TROY AS ADDITIONAL INSURED. CERTIFICATE HOLDER IS NOT ADEQUATE.

CERTIFICATE HOLDER CITY OF TROY 433 RIVER STREET SUITE 5001 TROY, NY 12180	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE _____
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