



## RESTAURANT APPLICATION FOR BREWFEST

Restaurant Name: \_\_\_\_\_  
Restaurant Website: \_\_\_\_\_  
Restaurant Facebook Page: \_\_\_\_\_  
Restaurant Twitter Handle: \_\_\_\_\_  
Restaurant Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
Contact Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

\_\_\_\_\_ (restaurant name) would like to participate in Staten Island Yankee's 4<sup>th</sup> Annual Brewfest & Wing Festival on Saturday, May 2<sup>nd</sup>, 2015 at Richmond County Bank Ballpark.

I understand and agree to the following terms (please initial by each line item):

\_\_\_\_\_ The \$100.00 entrance fee includes the following and must be submitted by 3/16/15:

- 1- 6' table
  - o Additional tables available at \$25.00 per table
- Listing on the event website, Social Media Campaigns and other promotional materials leading up to and at the event

\_\_\_\_\_ I will abide by all NYC Department of Health Code Regulations

- Will supply a Department of Health Inspection Certificate
- Will supply a copy of our Food Handlers License

\_\_\_\_\_ I will submit a copy of both my tax license with Tax ID number and a Certificate of Liability Insurance which names the following as additionally insured:

- Naming The Staten Island Yankees, New York Yankees, NYC Economic Development Corp., Nostalgic Partners LLC, the City of New York, and Apple Development Corp., as well as all of their respective officers, directors, stockholders, members, managers, employees, affiliates, agents and representatives, as named additional insured parties, with a Waiver of Subrogation in favor of NP and provide that such coverage will not be canceled or the subject of a material adverse amendment without at least thirty (30) days' prior written notice to NP. Upon any cancellation and/or material adverse amendment of any such insurance policy, and prior to the effective date thereof, Lessee will deliver evidence of replacement insurance to NP. All insurance will be primary and will not require contribution from any coverage maintained by NP, and will not contain, without NP's prior written consent, any special or non-customary exclusions.

\_\_\_\_\_ I am responsible for providing my own plates/serving boats and napkins

\_\_\_\_\_ I will be set up for inspection by 11am on Saturday, May 2<sup>nd</sup>, 2015

\_\_\_\_\_ I will remain onsite throughout the entirety of the event

\_\_\_\_\_ I will bring the appropriate amount of product and sauce to serve the anticipated number of attendees

\_\_\_\_\_ I will not bring any other food or beverage besides the sauce for sale or give away

\_\_\_\_\_ I will only provide wings in exchange for tickets at the event (SIY to provide a punch card to be checked off at table)



**RESTAURANT APPLICATION FOR BREWFEST**

Special Requirements/Requests: \_\_\_\_\_

Please list all equipment that you will be bringing with you:

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

Number of on-site staff passes needed (up to 4 included with Registration): \_\_\_\_\_  
- Additional passes available for \$10.00 per pass (please submit payment w/ application) \_\_\_\_\_

Total Payment included with application: \$ \_\_\_\_\_ (all fees are non-refundable & non-transferrable)

I (Lessee/Restaurant), \_\_\_\_\_, as the authorized agent for the above named Organization, will indemnify, defend and hold the other party (SIY/Nostalgic Partners, LLC), its affiliates and each of their respective owners, employees, officers, directors, agents, successors and assigns (collectively, the "Indemnified Parties", harmless from and against any and all third party claims, demands, regulatory proceedings, and/or causes of action, damages, liabilities, costs and expenses (including, but not limited to, reasonable attorneys' fees) incurred by or asserted against the Indemnified Parties, arising from or in connection with its performance or failure to perform under this letter agreement. In addition, Lessee (Restaurant) shall indemnify, defend and hold the NP Indemnified Parties harmless from and against any and all third party claims, demands, regulatory proceedings, and/or causes of action, damages, liabilities, costs and expenses (including but not limited to, reasonable attorneys' fees) incurred by or asserted against the NP Indemnified Parties, arising from or in connection with any injury suffered by any participant in or other attendee at the Event.

I also agree to hold NP & SIY harmless for theft of, damage to, loss or destruction of merchandise, materials, equipment or personal property which I may have on the grounds of the Festival site. I understand that NP/SIY will not be held responsible for sales, weather, or other unforeseen revenue losses and does not guarantee revenues or numbers of festival patrons.

I also certify that the above named organization is in compliance with all State Health Regulations.

All applications are subject to acceptance by the Staten Island Yankees and the SIY's decision is final.

I understand that my signature holds me responsible for the information included in the entirety of this application.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Deadline: March 16<sup>th</sup>, 2015 (\$50.00 late fee will be added on to all applications received after the 3/16/15 deadline)