

DAA Vendor Application

Business Name: _____

Contact Name: _____

Address: _____

Main Phone: _____ Mobile Phone: _____

Description of Product(s) to be sold at DAA: _____

Are you selling Raffle Tickets for a product? No Yes If yes, please attach Certificate

Dates of Vendor activity: Beginning _____ Ending _____

Where will you be setting up? _____

Your contribution to DAA as agreed upon by the Executive Board (checks made payable to DAA):

Percentage of Sales _____ Projected Amount _____ Flat Donation _____

Expected date of contribution to be made to DAA: _____

Do you have a child currently playing for DAA Yes No

Do you have a \$1,000,000 comprehensive general liability insurance policy, naming Gwinnett County

Board of Commissioners and DAA as additional insured? No Yes (please attach copy of policy)

Pursuant to GCPR Ordinance-Sec 78-42, to engage in any commercial activity in a recreation facility unless approved by the Director of Parks and Recreation or their designee, shall be unlawful.

Associations may have vendors in the area contracted by the Youth Athletic Association only, and only during their scheduled activities, if the following guidelines are met:

- Authorization for outside vendors must be obtained from the facilitator.
- Vendors must provide a \$1,000,000 comprehensive general liability insurance policy, naming Gwinnett County Board of Commissioners and the association as additional insured.
- Certificate of Insurance must be forwarded to the Athletic Facilitator, 2 weeks prior to the vendor operating in the park for authorization and verification.
- Vendors should be supportive of the Association.
- The State of Georgia Constitution approved raffles as a means of fund-raising.

All applications must be filled out completely and submitted to the Executive Board for approval before being faxed to the GCPR facilitator. It is the sole responsibility of the Applicant to obtain a Vendor Pass from the GCPR Facilitator, John Register, at 770-822-5150.

Vendor Signature

Date

Executive Board Signature

Date:

Date faxed to GCPR Facilitator, John Register at 770-822-5139: _____