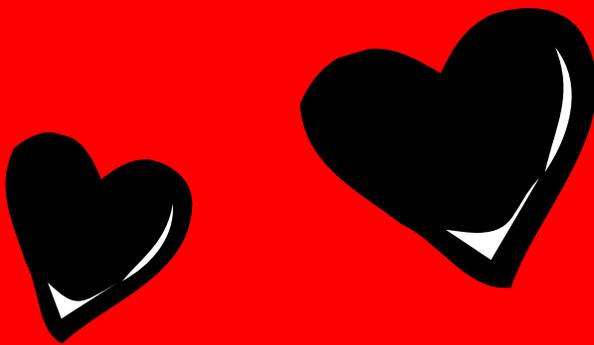




Valentine Expo 2012

February 9th
Empire State Plaza
South Concourse
10:00 AM—2:00 PM



Get your last minute
gifts here! Featuring
sweets, jewelry, hand-
bags, gift certificates
and more....



For More Information, Contact OGS Special Events Office.
Event Coordinator — Sue Ross at (518) 473-7665
sue.ross@ogs.ny.gov



“Valentine Expo”



Date: Thursday, February 9, 2012

Time: 10:00AM—2:00PM

Application Deadline: February 3, 2012

Business Name: _____

Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Please describe what you will be bringing/selling: _____

Please be aware that phone lines will not be available for credit card machines. Sampling is encouraged at this event.

NEW FOR 2011: Those vendors who choose to offer food samples must apply for an Albany Co. Health Permit—regardless if you have a permit at another location or other event. To apply for a permit specific documents must be included to prove your Worker’s Comp and Disability Ins. status. If you are exempt, a specific document with that information must be provided. Vendors seeking permission to sample must provide these documents WITH your vending application. If not, your application will be returned to you. Please see our website for details: <http://www.ogs.state.ny.us/ESP/Vendors.asp>

Important : Vehicle/parking information:

Driver’s name as it appears on license: First _____ Middle _____ Last _____

License ID # and State: _____ Vehicle Make: _____

Vehicle Plate # and State : _____ Vehicle Year: _____

Failure to provide vehicle information may delay confirmation and/or prevent participation.

Will your vehicle fit in the V-Lot (6ft 6 inches or lower in height) _____ Check here if yes

Oversized vehicles (taller than 6 ft. 6 inches) must park in P-1N _____ Check here if yes

Fees: Booth Space: (Includes: 1 - 6 ft. table, 2 chairs in a 10 x 10 ft. space, and 1 reserved parking space and access to 110v electrical power (**extension cords not provided**))

Basic Booth Space \$ 80.00

Extras: (Please indicate amount)

— Add-on Space \$ 50.00

— Additional table \$ 10.00

— Additional chair \$ 1.00

— Additional parking, \$ 10.00

— Health Permit \$ 10.00

(Albany Co. Dept. Health Permit required for sampling food items. Please indicate items. _____)

Total Enclosed:

\$ _____

Credit Card payment form is on the back of this application.

Please enclose check made payable to: OGS or use the attached credit card form.

For more information contact Sue Ross at (518) 473-7665

Please make payment to: NYS-OGS Special Events

Please remit application and payment to: NYS Office of General Services,

Empire State Plaza, P.O. Box 2117, Albany, NY 12220

New York State Office of General Services Convention & Cultural Events Office Permit Agreement

THIS PERMIT AGREEMENT, made this ____ day of _____, 201__ by and between the People of the State of New York, acting by and through the Commissioner of the New York State Office of General Services (hereinafter referred to as "OGS") and _____ (hereinafter referred to as "Vendor"). W I T N E S S E T H

WHEREAS, OGS has management supervision over the rooms, facilities and general domain of the Empire State Plaza, (hereinafter referred to as "Plaza") and

WHEREAS, OGS, through its Convention & Cultural Events Office (hereinafter referred to as "CCE"), wishes to permit food, craft, merchandise and other vendors to take part in community events for the sale and distribution of certain products and services (hereinafter referred to as "Vendors"), and

WHEREAS, the Vendor wishes to sell these products in those areas and during those times OGS hereinafter designates.

NOW THEREFORE, in consideration of the mutual covenants contained in this agreement, the parties agree as follows:

- 1. Operation.** OGS CCE expects to present vendor opportunities throughout the year. The dates and hours of operation are indicated on separate applications and must be submitted with the Permit Agreement for consideration.
- 2. Location.** The Vendor Area will be located in designated areas at the Empire State Plaza and Harriman State Office Campus.
- 3. Application.** In consideration of the permission to occupy space and sell food, craft, merchandise or other services at designated events, the Vendor agrees to file a Registration Application with the OGS CCE who will sponsor the event, to be submitted and approved by OGS CCE before OGS signs this agreement. Space will be allocated by OGS CCE, per the Vendor's Application request and as space permits. Vendor is hereby granted a non-exclusive right, for those events that are approved by OGS on the Registration Application, to occupy and use the specified booth space for such events on the dates and at the consideration detailed on the Registration Application. The Vendor's completed and approved Registration Application is attached hereto as Appendix B hereof and is hereby incorporated by reference and made a part hereof as fully as if set forth at length herein.
- 4. New York State Sales Tax Certificate of Authority.** Should sales be taking place, the Vendor agrees to procure and maintain during the period covered by this agreement a valid New York State Sales Tax Identification Certificate. A copy of the Sales Tax Certificate of Authority must be displayed in a prominent location at all times while at the permitted location.
- 5. Insurance Requirements.**

Note: Craft/Merchandise vendors that do not sell any food, and that are granted a waiver after they have certified that they are unincorporated small businesses for which the provision of insurance would impose an undue financial burden are not required to provide proof of insurance coverage (see Section 12). Wineries and microbrews are required to provide proof of liquor liability insurance.

The Vendor agrees to procure and maintain during the period covered by this agreement the following types of insurance:

Commercial General Liability (CGL) \$2,000,000 Each Occurrence

Automobile Liability \$1,000,000 Combined Single Limit WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS REQUIREMENTS:

Workers' compensation law (WCL) §57 & §220 requires the heads of all municipal and state entities to ensure that businesses applying for permits, licenses or contracts have appropriate workers' compensation and disability benefits insurance coverage. This requirement applies to both original contracts and renewals, whether the governmental agency is having the work done or is simply issuing the permit, license or contract. Failure to provide proof of such coverage or a legal exemption will result in a rejection of your bid.

Proof of Compliance with Workers' Compensation Coverage Requirements:

ACORD forms are NOT acceptable proof of workers' compensation coverage. In order to provide proof of compliance

with the requirements of the Workers' Compensation Law pertaining to workers' compensation coverage, contractors shall:

- A) Be legally exempt from obtaining workers' compensation insurance coverage; or
- B) Obtain such coverage from insurance carriers; or
- C) Be a Workers' Compensation Board-approved self-insured employer or participate in an authorized self-insurance plan.

Contractors seeking to enter into contracts with the State of New York shall provide one of the following forms to the Office of General Services at the time of bid submission or shortly after the opening of bids:

A) Form CE-200, Certificate of Attestation for New York Entities With No Employees and Certain Out of State Entities, That New York State Workers' Compensation and/or Disability Benefits Insurance Coverage is Not Required which is available on the Workers' Compensation Board's website (www.wcb.state.ny.us); (Reference OGS Convention and Cultural Events vending on the form)

B) Certificate of Workers' Compensation Insurance:

- 1) Form C-105.2 (9/07) if coverage is provided by the contractor's insurance carrier, contractor must request its carrier to send this form to the New York State Office of General Services, or
- 2) Form U-26.3 if coverage is provided by the State Insurance Fund, contractor must request that the State Insurance Fund send this form to the New York State Office of General Services.

C) Form SI-12, Certificate of Workers' Compensation Self-Insurance available from the New York State Workers' Compensation Board's Self-Insurance Office.

D) Form GSI-105.2, Certificate of Participation in Workers' Compensation Group Self-Insurance available from the contractor's Group Self-Insurance Administrator.

Proof of Compliance with Disability Benefits Coverage Requirements:

In order to provide proof of compliance with the requirements of the Workers' Compensation Law pertaining to disability benefits, contractors shall:

- A) Be legally exempt from obtaining disability benefits coverage; or
- B) Obtain such coverage from insurance carriers; or
- C) Be a Board-approved self-insured employer.

Contractors seeking to enter into contracts with the State of New York shall provide one of the following forms to the Office of General Services at the time of bid submission or shortly after the opening of bids:

A) Form CE-200, Certificate of Attestation for New York Entities With No Employees and Certain Out of State Entities, That New York State Workers' Compensation and/or Disability Benefits Insurance Coverage is Not Required which is available on the Workers' Compensation Board's website (www.wcb.state.ny.us); (Reference OGS Convention and Cultural Events vending on the form)

B) Form DB-120.1, Certificate of Disability Benefits Insurance. Contractor must request its business insurance carrier to send this form to the New York State Office of General Services; or

C) Form DB-155, Certificate of Disability Benefits Self-Insurance. The Contractor must call the Board's Self-Insurance Office at 518-402-0247 to obtain this form.

ALL OF THE ABOVE REFERENCED FORMS, EXCEPT CE-200, SI-12 & DB-155 MUST NAME: The Office of General Services, Convention & Cultural Events, Concourse - Room 130, Empire State Plaza, Albany NY 12242 as the Entity Requesting Proof

of Coverage (Entity being listed as the Certificate Holder)"

If such CGL insurance contains a general aggregate limit, it shall apply separately to this location. CGL insurance shall be written on ISO occurrence form CG 00 01 10 and shall cover liability arising from premises operations, independent contractors, products-completed operations, personal and advertising injury, owners and contractors protective, cross liability coverage and liability assumed in a contract (including the tort liability of another assumed business contract). The above policy limits may be achieved through a combination of primary and umbrella policies.

A certificate of insurance must be filed with the NYS Office of General Services, Convention & Cultural Events, Room 130 Concourse, Empire State Plaza, Albany, New York 12242, or faxed to (518) 473-0558, evidencing such coverage before the Vendor is allowed to use space at the Plaza. Such certificate must indicate that the People of the State of New York and NYS Office of General Services are additional insureds on the policies and that the insurance policies may not be canceled without thirty (30) days written notice to NYS Office of General Services.

- 6. Indemnification.** The Vendor agrees to defend, indemnify and save harmless OGS and the People of the State of New York and their officers, agents and employees against any and all claims, demands or causes of action arising out of any loss of or damage to property or injury or death of any person which

may be due in any manner to the installation, use, maintenance, state of repair or presence of the Vendor's stand, booth or other installation or structure of any kind at the permitted location or the sale of products therefrom. Vendor's liability pursuant to this indemnity provision shall not be limited by the amount of any insurance coverages required to be maintained hereby.

7. **Rules.** The Vendor agrees to abide by any rules governing the operation of Vendors at the permitted location heretofore or subsequently adopted by OGS. Initial rules, attached hereto as Appendix "A", are expressly incorporated into and made part of this Agreement.
8. **Compliance.** The Vendor agrees to comply with the terms of this agreement and the rules pertaining to vending at the permitted location. Failure of the Vendor to comply with these terms will result in revocation of the permission to participate granted herein.
9. **Reservation.** OGS reserves the right to change the location, dates, hours, or to terminate entirely the operation of the scheduled event, at any time and without prior notice to the Vendor. OGS will make reasonable efforts to provide advance notice to Vendors of any changes or cancellations.
10. **Assignment.** Vendor agrees not to assign this Vendor Agreement without the prior written consent of OGS. Such consent may be unreasonably withheld.
11. **Force Majeure** If the event is rendered impossible or infeasible by destruction or damage to the facility, or by any act or regulation by any governmental body, civil tumult, strike, epidemic, condition of war, or any other condition determined by OGS to represent or constitute a threat to the safety of the public or the intended audience or facilities, including, but not limited to, the then current status of the state or federal alert systems, or by the restricted availability of motor fuel for the audience which renders this type of event in the opinion of OGS financially infeasible or impractical, it is understood and agreed this agreement shall be cancelled and that there shall be no claim for damages by either party to this agreement. In the case of such a cancellation, the Permittee will not be entitled to a refund of any deposit or fees paid, but Permittee will receive a credit in the amount of such pre-paid amounts towards a rebooking or another event, provided they occur within one year of the scheduled date for the original event.
12. **By initialing in this box []**, the Vendor is applying for a waiver from the usual insurance requirements and it hereby certifies that it is a craft/merchandise vendor that will not sell any food at the event and, further, that it is an unincorporated small business for which the provision of insurance would impose an undue financial burden. Vendor agrees that it will provide any documentation that may be requested by OGS to confirm these representations.
13. **Security Requirements.** Vendor agrees that a condition precedent to the entry of it and its subcontractors, agents, suppliers, employees and guests on the permitted location, shall be compliance with all security requirements of OGS and the State Police applicable to the permitted location.

IN WITNESS WHEREOF, the parties hereto have executed this agreement as of the day and year first above written.

**Participants
Please Sign
Here**

By _____
Vendor
Name: _____
Title: _____

**Staff Use
Only**

THE PEOPLE OF THE STATE OF NEW YORK
By _____
OGS Convention & Cultural Events

THIS IS TO BE COMPLETED BY THE NOTARY AND NOT THE PARTICIPANT

Individual, Corporate, Partnership or LLC Acknowledgment

STATE OF _____ }

:ss.:

COUNTY OF _____ }

On the day of _____, in the year 201____ before me personally appeared

_____,

known to me to be the person who executed the attached document, who being duly sworn by me did depose and say that ___he resides at

_____ in the

Town of _____, County of _____, State of

_____, and further that:

[Check One]

(If an individual): ___he executed the foregoing instrument in his/her name and on his/her own behalf.

(If a corporation): ___he is the _____ of

_____, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation,

___he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, ___he executed the foregoing in the name of and on behalf of said corporation as the act and deed of said corporation.

(If a partnership): ___he is the _____ of

_____, the partnership described in said instrument; that, by the terms of said partnership, ___he is authorized to execute the foregoing instrument on behalf of the partnership for the purposes set forth therein; and that, pursuant to that authority, ___he executed the foregoing in the name and on behalf of said partnership as the act and deed of said partnership.

(If a Limited Liability Company): ___he is a duly authorized member of

_____,

LLC, the limited liability company described in said instrument; that ___he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, ___he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company

Sworn to before this

_____ day of _____, 201____

Notary Public

If you would like to pay with your credit card...

Please complete the form below
and return with your application.

(You may either FAX your application and charge form
to us at (518) 473-0558 or mail with application.)

Thank You!

**New York State Office of General Services
Special Events Office**

Credit Card Payment

If you wish to pay with a credit card, please complete the following and return with your application:

Please charge my: Discover Card MasterCard VISA American Express Amount: \$ _____

Account No

Expiration Date: / Billing Zip Code:
Month Year

Name: _____
Please Print

Signature: _____ Date _____

If credit card name is different from business name, please indicate business

name: _____

-----OFFICE USE ONLY-----

Inv. # _____ Rec'd by _____ Prog _____