I agree to itemize all sales during the date(s) and hours listed above, and pay the City of Charlottesville a commission of six percent (6 %) on the total gross revenue. Payment will be due no later than 5 days after the close of business of the last date listed above.

Request for Fee Waiver: Applicable to Non-Profit Entities Only: Please provide proof of 501©3 status as a non-profit organization at the time of submittal of this application. Fee Waiver consideration will be based upon the type and location of activity and event proposed.

- ALL VENDORS are responsible for collecting and payment of applicable state sales tax. Commissions are based on gross sales before sales taxes.
- FOOD VENDORS are responsible for contacting the Thomas Jefferson Health District (703-246-2444) to arrange for permits and inspections.

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<th>Date/Day</th>
<th>Gross Sales</th>
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* READ ALL INFORMATION ON BACK OF THIS REGISTRATION APPLICATION BEFORE SIGNING. This form, accompanied with the required information, must be signed by the applicant and approved by the Parks and Recreation Department before the activity can be confirmed.
The user hereby agrees to indemnify and hold harmless the City of Charlottesville, the Parks and Recreation Department, their officers, agents and all employees and volunteers, from any and all claims for bodily injury, and personal injury and/or property damage, including cost of investigation, all expenses of litigation, including reasonable attorney fees, and the cost of appeals arising out of any claims or suits which result from errors, omissions, or negligent acts of the user, his agents or employees.

- A copy of a current insurance certificate may be required by the City 20 days prior to the event. This certificate should identify Commercial General liability insurance coverage to protect the participants. The City of Charlottesville, the Parks and Recreation Department and its officers, employees and volunteers shall be named as an "additional insured" on the General liability policy and it shall be stated on the insurance certificate. If an “ACORD” Insurance Certificate form is used by the vendor’s insurance agent, the words, “endeavor to” and “...but failure to mail such notice shall impose no obligation or liability of any kind upon the company” in the “Cancellation” paragraph of the form shall be deleted or crossed out.

- Approval or Denial of this application will be provided to the applicant no later than twenty (20) business days from the date the application is received by the Parks and Recreation Department.

- This form, accompanied with the required information, must be signed by the applicant and approved by CPRD before the permit is approved.

Please Return Completed Registration Application to:
City of Charlottesville
Parks and Recreation Department
P.O. Box 911
Charlottesville, VA 22902
Telephone 434-970-3260
FAX 434-970-3889

DOB NOT MARK BELOW THIS LINE. FOR OFFICE USE ONLY

Approved □ Disapproved □

Special Provisions: ____________________________
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