COSHOCTON COUNTY COMMISSIONERS

SKIP'S LANDING VENDOR USE AGREEMENT

Please Note: Submission of this agreement does not constitute approval. Vendor reservations are not confirmed until this agreement has been approved by the Coshocton County Commissioners and the required payment has been received.

Vendor Information

Vendor Name: _____

Business Name (if applicable): _____

Business Type:
☐ Food Truck
☐ Food Vendor
☐ Other: _____

Reason for Business / Items Being Sold:
_____
_____

Requested Date(s): _____ **Requested Time(s):** _____

Phone Number: _____ **Email Address:** _____

Vendor Fee

The fee to utilize Skip's Landing is **$100.00 per day.**

Payment Method:

Please make checks payable to:
Coshocton County Commissioners

☐ Cash
☐ Check

Received By: _____

Date Received: _____

Payment must be received prior to utilizing Skip's Landing

Vendor Agreement

By signing below, the Vendor agrees to the following:

1. The Vendor is responsible for obtaining and maintaining all applicable licenses, permits, insurance, and health department approvals required by federal, state, and local law.
2. The Vendor shall keep the assigned area clean and orderly and is responsible for removing all trash, grease, equipment, and debris before leaving the premises.
3. The Vendor is responsible for any damage caused to County property during the approved use of Skip's Landing.
4. The Vendor agrees to conduct business in a safe, respectful, and lawful manner.
5. Approval of this agreement authorizes use of Skip's Landing only for the approved date and time listed above and does not grant exclusive use of the property.
6. The Coshocton County Commissioners reserve the right to deny, cancel, or revoke approval at any time if the Vendor fails to comply with this agreement or if use of the property conflicts with County operations, public safety, or scheduled events.
7. The Vendor assumes all responsibility for its business operations and agrees to release, indemnify, and hold harmless the Coshocton County Commissioners, Coshocton County, and their officers, employees, and agents from any claims, injuries, losses, damages, or liabilities arising from the Vendor's use of Skip's Landing.

Vendor Certification

I certify that I have read and understand this agreement and agree to comply with all terms and conditions.

Vendor Signature: _____

Printed Name: _____

Date: _____

Submit Completed Agreement

Email:
cortniejamison@coshoctoncounty.net

Mail or Deliver To:
Coshocton County Commissioners
401 1/2 Main Street
Coshocton, OH 43812
Phone: (740) 622-1753

Office Use Only

☐ Approved ☐ Denied

Commissioner Signature: _____

Date: _____