



"The fruit of bees is desired by all,
and is equally sweet to
kings and beggars..."
- Saint Ambrose

Palo Cedro Honey Bee Festival

P. O. Box 1112 ~ Palo Cedro, CA 96073

The 43rd Annual Palo Cedro Honey Bee Festival, sponsored by the Palo Cedro Community Park Committee, will be held September 28th and 29th, 2024 at Bishop Quinn Community Center, 21893 Old 44 Drive, and Palo Cedro. The festival hours are 8:30am to 5:00pm on Saturday and 8:30am to 3:30pm on Sunday.

We have two full days of attractions for your enjoyment – "Live Bee Beard" demonstration and other honey bee related activities; special children's entertainment area; Antique Tractor display and parade; wonderful entertainment on stage; lots of food booths and of course our faithful, and new, arts and crafts booths – plus we kick off each morning with a Pancake Breakfast – starting at 8:00am. Along with this we offer lots of opportunities to do your early holiday shopping.

Each year the festival attracts approximately 8,000 people, so it is a great place for the whole family to enjoy a few hours or all day.

All of us in the Palo Cedro Community are preparing for a great "Honey Bee Festival" this year on September 28th and 29th, 2024.

We are limiting our spaces this year, so get your applications early. The deadline is August 25, 2024, for all booth rentals - food concessions and craft booths.

If you need more information please call (530) 547-2727 (message), or write to Palo Cedro Honey Bee Festival, P.O. Box 1112, Palo Cedro, CA, 96073 or email pchoneybeefestival@gmail.com.

Palo Cedro Park

The Honey Bee Festival is always striving to improve. Again we'd like to suggest our vendors participate in selling and decorating with honey bee items, if possible. If you make jewelry, maybe you could add bees to earrings and bracelets. If you sell clothing, make items with bees on the material. If you are an information booth, maybe include bees in your booth decoration. This is simply a request to get everyone more involved in the Honey Bee Festival! Thank You!

P.S. Will have prizes for the best decorated booth! Hopefully food booths will utilize the use of honey & advertise such. "Made with Honey"

Half off vendor fees for 2025 will be awarded for best decorated honey bee theme or use of honey. All booths are encouraged to participate.



The Palo Cedro Park Presents:
43rd Annual Palo Cedro
Honey Bee Festival
P. O. Box 1112, Palo Cedro, Ca 96073
September 28th & 29th, 2024

BOOTH APPLICATION
Non-Food Vendor Application

Name of Group or Business _____

Name of Owner or Responsible Party _____

Address _____

Home Phone _____ Work Phone _____

Resale # _____ Email (if available) _____

This is

Art, Crafts, Gifts, Information: \$150.00 postmarked on or before July 31, 2024
\$175.00 postmarked after July 31, 2024

Electricity \$25.00 110v, 220v Wattage Amps

Description of your exhibit, craft, or information: _____

Enclosed is a check payable to Palo Cedro Honey Bee Festival in the amount of \$_____ for _____ space(s). DEADLINE FOR APPLICATIONS IS AUGUST 25, 2024.

A Certificate of Insurance is required (information in our Hold Harmless Agreement).

NOTE: We need the following information for all vehicles that will be parked in the vendor parking area and if you will be staying on the premises in your RV.

Vehicle Make _____ Model _____ Year _____ License # _____

Return this application along with your Payment, Certificate of Insurance and sign the Vendor agreement on the back. *All proceeds benefit the Palo Cedro Park.

Thank you:

Palo Cedro Honey Bee Festival
Attn: Booth Chairman
P.O. Box 1112
Palo Cedro, CA 96073
(530) 547-2727

Decorate Your Booth!

HOLD HARMLESS AGREEMENT

Vendor Agreement

43rd Annual PALO CEDRO HONEY BEE FESTIVAL

September 28^h & 29th, 2024

I/We, _____, agree to protect, indemnify, save and hold harmless, the Roman Catholic Bishop of Sacramento, the Palo Cedro Community Action Team, Catholic Mutual Group Insurance and Siskiyou Insurance Services against and from any and all loss, cost, damage, or expense, arising out of or from any accident or other occurrence on or about said premises, causing injury to any person or property whomever and whatsoever and will protect, indemnify, save and hold harmless the above mentioned parties from any and all claims, costs, or expense arising out of any failure of the vendor in any respect to comply with and perform all the requirements and provisions agreed to and required by any law or ordinance, during the time period commencing September 27th, 28th & 29th, 2024, at our premises of Bishop Quinn, 22893 OLD 44 Drive, Palo Cedro, CA 96073. We are covered for public general liability insurance.

Please attach a copy of a Certificate of Insurance and coverage limits of 1 million liability/2 million aggregate. Insurance can be obtained for our event through ACT Insurance at the following link: <https://app.actinsurance.com/events/5074> or contact your agent . This link is specifically for our event and names our organization with required coverage automatically.

All Food Booths must have a current Shasta County Health Permit 30 days in advance of event. **This is your responsibility.** There will be a County Inspector on the grounds Saturday morning to check on compliance. If you are shut down by the County, you will not get a refund. It is also the Vendor's responsibility to obtain a **Resale Permit from the California State Board of Equalization, if required.**

Receptacles will be provided at several locations for exhibitor trash. There will be receptacles placed throughout the Festival area for public use. Each Vendor is responsible to maintain cleanliness of their booth and the surrounding area.

NO outside alcohol, pets, or smoking shall be allowed on the Honey Bee Festival premises.

I/We understand that the Palo Cedro Honey Bee Festival Committee/Palo Cedro Community Park Committee reserves the right to ask me to leave the Festival without a refund if my exhibit does not conform to the booth application form or rules and regulations governing all Exhibitors.

The Palo Cedro Honey Bee Festival will be held regardless of weather conditions.

Organization Title or Owner, please sign and date. Thank you.

Print your first and last name

Signature

Today's date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Veracity Insurance Solutions, LLC. 260 South 2500 West, Suite 303 Pleasant Grove UT 84062		CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED <i>Your business here</i> CA		INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ EXCLUDED GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ EXCLUDED ANIMAL BAILLEE \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<input type="checkbox"/> EXCESS LIAB						
	<input type="checkbox"/> CLAIMS-MADE						
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N					E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

*Example
Required
Certificate*

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate holder had been added as additional insured regarding the above mentioned policy per attached Additional Insured-Vendors (CG 20 15 Ed. 04 13)

CERTIFICATE HOLDER The Palo Cedro Community Action Team PO Box 1112 Palo Cedro, CA 96073	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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