



# County of Erie

**Mark C. Poloncarz**  
County Executive

**OFFICE OF PUBLIC ADVOCACY  
BUREAU OF WEIGHTS AND MEASURES**

**KAREN L. KING, PhD**  
Commissioner of Public Advocacy

**PAULA A. TRIMPER**  
Director of Weights & Measures

**TELEPHONE:** (716) 825-1310  
**FAX:** (716) 823-7686  
**EMAIL:** Paula.Trimper@erie.gov

Dear Applicant,

Enclosed please find an application package for a license to vend at one of the designated outdoor sites at Highmark Stadium. This package includes the application and the stadium vendor site request form. Please return your completed application with all required documentation by the specified date to:

**Erie County Bureau of Weights and Measures  
2380 Clinton Street  
Cheektowaga, New York 14227**

Please note that incomplete applications will not be considered for licensing. If you have vended at Highmark Stadium in the past your confirmation of insurance will need to be updated. In order to be considered for the lottery, the applicant must supply all information and documentation. Prior data submitted will not be a viable substitute.

The lottery will be held on the specified date at the address listed above. Attendance is not required. Applicants will be awarded their location strictly based upon their stadium vendor application site request form.

***The applicants' name and Erie County, Erie Stadium Corporation, and the Buffalo Bills Inc. as additional named insureds must appear on the certificate of insurance. If the insurance is issued in a business or corporate name, proof of the applicant's association must be furnished.***

Very truly,  
*Paula A. Trimper*  
Paula A Trimper,  
Director

**APPLICATION FOR HIGHMARK STADIUM OUTDOOR VENDOR SITE**

All information must be typed or printed.

**Name: (Business)** \_\_\_\_\_**Name: (First, Last)** \_\_\_\_\_**Address: (Business)** \_\_\_\_\_**Address: (Home)** \_\_\_\_\_**Phone No. (Business)** \_\_\_\_\_ **Phone No. (Home)** \_\_\_\_\_

Please check which of the following describes your application:

( ) Disabled Veteran ( ) War or Overseas Veteran ( ) Other

Disabled Veterans require items 1, 4, 7 plus a copy(s) of items 2, 3, 5, and 6 if applicable

Overseas War Veterans require items 1, 4, 7 plus a copy(s) of items 2, 3, 5, and 6 if applicable

All others require items 1 and 7 plus a copy(s) of items 2 and 6 if applicable

**Indicate the items included with your application by placing an "X" in the space provided.**

|  | <b><u>Included</u></b> | <b><u>Not Included</u></b> |
|--|------------------------|----------------------------|
| 1.) <b><u>Certificate of insurance per Section 3 (a)</u></b>                     | _____                  | _____                      |
| 2.) <b><u>Sales Tax Certificate per Section 3 (c)</u></b>                        | _____                  | _____                      |
| 3.) <b><u>Disabled Veterans vending permit and license per Section 3 (e)</u></b> | _____                  | _____                      |
| 4.) <b><u>Veterans must furnish a copy of DD Form214 per Section 3 (d)</u></b>   | _____                  | _____                      |
| 5.) <b><u>Veteran Peddling Licenses per Section 3 (f)</u></b>                    | _____                  | _____                      |
| 6.) <b><u>Food Service Permit per Section 3 (d)</u></b>                          | _____                  | _____                      |
| 7.) <b><u>Stadium Vendor Site Allocation Form</u></b>                            | _____                  | _____                      |

I, the undersigned, have read the Regulations of Vendors and understand that if I am issued a vending permit, I must comply with all regulations. I agree to defend, indemnify and hold harmless the County of Erie, the Erie County Stadium Corporation and the Buffalo Bills Inc. against any claims arising out of the activities of the undersigned, its' officers, employees and agents while present on the grounds of Highmark Stadium.

\_\_\_\_\_  
(Signature of Applicant)\_\_\_\_\_  
(Date)

## STADIUM VENDOR SITE REQUEST FORM

Please mark your preference for the location of your desired vendor stand.

Number the outline provided below from 1 to 30 (1 being your first choice).

If you are not willing to accept certain booths, do not place a number next to that location.

If you are selected during the lottery, **your location will be based solely upon this list.**

Applicants who do not submit this form will not be assigned a site by our department.

| SITE A |
|--------|
|        |
| 1.     |
| 2.     |
| 3.     |
| 4.     |
| 5.     |
| 6.     |
| 7.     |
|        |

| SITE B |
|--------|
|        |
| 8.     |
| 9.     |
| 10.    |
| 11.    |
| 12.    |
| 13.    |
| 14.    |
|        |

|              |                    |              |
|--------------|--------------------|--------------|
| <b>SOUTH</b> | <b>ABBOTT ROAD</b> | <b>NORTH</b> |
|--------------|--------------------|--------------|

| SITE C |
|--------|
|        |
| 15.    |
| 16.    |
| 17.    |
| 18.    |
| 19.    |
| 20.    |
| 21.    |
| 22.    |
| 23.    |
| 24.    |
| 25.    |
| 26.    |
| 27.    |
| 28.    |
| 29.    |
| 30.    |
|        |