



Caterer's Registration Form

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Owners Name: _____

Owners Address: _____

City: _____ State: _____ Zip: _____

Owners Phone: _____

Tax ID Number: _____

Provide a copy of your Insurance Certificate including a copy of the Declaration Page for sub-coverage of \$1,000,000 Liability Insurance.

Provide a copy of your Richmond County Health Department Permit.

Caterer agrees to hold Lessor and the City of Hamlet, (and any employees, officers or representatives thereof) harmless for any damages or liabilities of any kind that result from use of the Premises or the use or consumption of alcoholic beverage by any or all persons in relation to the Lessee's use of the Premises, including the cost of defending Lessor or the City of Hamlet in any action that may relate directly or indirectly to the use of the Premises and/or any fines penalties, costs, fees or other damages that maybe assessed in such actions.

Please sign below that you have received, read, and will abide by the Depot Board's Caterer's Responsibilities.

Owner: _____ Date: _____

Lessor: _____ Date: _____