

23rd Annual Kingsburg

CAR SHOW

KINGSBURG DISTRICT CHAMBER OF COMMERCE

Food Vendors

Place: Smith Street, Kingsburg, California

Date: Saturday, April 15, 2017

Fee: \$150 Single Space (10'x10') \$200 Double Space (10'X20')

Checks payable to: Kingsburg District Chamber of Commerce

Health Fee: \$47 (checks payable to: Fresno County Department of Public Health)

Electricity: None Provided

Set-Up: 7-8 a.m. **No vehicles at curb after 8 a.m.**

Applications will be accepted on a first-come-first-served basis.

Please return your completed application, the Special Event Food Application and proper Insurance document along with your fee by April 3, 2017.

Make checks payable to:

Kingsburg District Chamber of Commerce
1475 Draper Street • Kingsburg, California 93631
(559) 897-1111 or Fax (559) 897-4621

Important Vendor Procedures. Please read and sign **BOTH** sides of this form.

All vendors may ***ONLY*** sell items on this application.

2017 Car Show Food Vendor Application

Please Print

Resale Business Name _____ Resale License Number (Mandatory) _____

Contact Person _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Booth Size _____ Fee Enclosed \$ _____ Check # _____

Please indicate the type of food you will be selling _____

This form must be completely filled out, signed on back, and completed special event food application included or it will NOT be accepted.

Fee must accompany application. Please complete reverse side and mail form to reach us by April 3, 2017.

All food vendors must supply the Kingsburg District Chamber of Commerce with certification documents indicating possession of Liability Insurance adding Kingsburg District Chamber of Commerce as additional insured. NO EXCEPTIONS!!!!

Kingsburg District Chamber of Commerce
Festival Policies and Vendor Application

General Policies:

All applications are subject to approval by Car Show Committee, and the Board of Directors of the Kingsburg District Chamber of Commerce, who have right to limit the number of similar items exhibited for sale, make all final decisions on all matters regarding the event, remove, without compensation, participants for non-compliance to any policy, assure that only items listed will be sold. All food sales applicants must comply with the Fresno County Health Department, and all applicants must comply with the Kingsburg Fire Department regulations, and State Board of Equalization (you must have a sellers' permit) regulations. Items to be sold are to be listed, and included with the application form. All participants are responsible for their own liability insurance coverage for any claims which might arise within their display area or from their activities at the event. The Kingsburg District Chamber of Commerce, the City of Kingsburg nor the Car Show Committee members shall have any liability for loss or damage to property belonging to participants. All participants shall display and sell from their designated areas only, and shall not in any way interfere with the merchants of Kingsburg in their usual conduct of business. There will be no sharing of display area; each vendor must have his/her own area. Participants are liable for any damage to display area. Cancellation of vendor space must be made by **April 4th to receive a 50% refund. No refunds given thereafter. No refunds due to weather or other occurrences beyond the control of the Kingsburg District Chamber of Commerce.**

Thank You,
Kingsburg Car Show Committee

Application Deadline: April 1, 2016
Kingsburg District Chamber of Commerce
1475 Draper Street • Kingsburg, Ca. 93631
(559) 897-1111 or Fax (559) 897-4621

LIABILITY RELEASE: In consideration of being permitted to participate in Kingsburg District Chamber of Commerce Festivals, specifically the Car Show Festival, I agree to assume all risk connected therewith and will not make a claim against, sue or attach the property of the Kingsburg District Chamber of Commerce, its employees, volunteers, or committee members for injury or loss, even if by negligence, however caused, by any employee, volunteer, or committee member of the Kingsburg District Chamber of Commerce as a result of my participation. I hereby release the Kingsburg District Chamber of Commerce, its employees, volunteers, and committee members from all actions, claims, or demands that I, my assignees, heirs, guardians, and legal representatives now have, for injury or damage resulting from my participation in Kingsburg District Chamber of Commerce Festivals. I have read the General Policies and Liability Release statements and agree to comply with them. Failure to comply could result in removal of participant during the Festival, and exclusion from future participation as a vendor in any event of the Kingsburg District Chamber of Commerce.

Signed _____ Date _____

OFFICIAL USE ONLY

Approved By _____ Date _____ Space # _____



County of Fresno

DEPARTMENT OF PUBLIC HEALTH
DAVID POMAVILLE, DIRECTOR

COMMUNITY EVENT FOOD VENDOR APPLICATION

Directions: Each food booth operator/vendor must **complete and sign** this Community Event Food Vendor Application and return it to the **event organizer**. The event organizer must submit all applications to this office at least **2 weeks prior to the event**. The event may be inspected based on a Risk Assessment. If the event is inspected, the event organizer will be charged the current fee per booth. For current fee amount, please contact us at 559-600-3357 or visit our website at <http://tinyurl.com/yf965e4>.

BOOTH / SPACE #

Beginning in 2012, reinspection fees will be charged for multiple reinspections due to uncorrected violations. ← **New!**

EVENT	1. NAME OF EVENT		2. LOCATION OF EVENT	
	3. CITY	4. DATES OF OPERATION		5. HOURS OF OPERATION

VENDOR	6. VENDOR ORGANIZATION OR NAME OF FOOD BOOTH			7a. NUMBER OF FOOD BOOTHS	
	7b. ARE YOU OPERATING FROM ANY OF YOUR VEHICLE(S) THAT HAVE A CURRENT VEHICLE APPROVAL STICKER? <input type="checkbox"/> YES (GO TO #7C) <input type="checkbox"/> NO (GO TO #8)			7c. IF YOU MARKED YES TO 7B, THEN LIST VEHICLE LICENSE PLATE NUMBER(S) AND BUSINESS NAME	
	8a. CERTIFIED FOOD MANAGER NAME	8b. CFM CLASS PROVIDER <input type="checkbox"/> ServSafe <input type="checkbox"/> Prometric <input type="checkbox"/> NRFSP <input type="checkbox"/> CalCard Provider _____ <input type="checkbox"/> Fresno Co. Card			8c. DATE ISSUED
	8d. CONTACT PERSON		9. MAILING ADDRESS		10. CITY
11. STATE	12. ZIP	13. PHONE		14. FAX	

MENU	15. MENU - LIST ALL FOOD AND BEVERAGE ITEMS TO BE SERVED (MAIN DISHES, SIDE DISHES, CONDIMENTS, DRINKS, ETC.)
16. SOURCES - IDENTIFY THE SOURCES OF EACH FOOD ITEM INCLUDING ICE (NAME OF MARKET, RESTAURANT, SUPPLIER, ETC.)	
17. TRANSPORTATION - DESCRIBE HOW FROZEN, COLD, AND/OR HOT FOODS WILL BE TRANSPORTED TO THE EVENT	

UTENSIL SINKS	18 a. <input type="radio"/> CHECK THIS BOX IF YOU DO NOT USE ANY UTENSILS BESIDES A GLOVED HAND(S).	UTENSILS INCLUDE SPATULAS, TONGS, SPOONS OR SCOOPS, PANS, TRAYS, PITCHERS, PROBE THERMOMETERS, OR OTHER EQUIPMENT OR IMPLEMENT THAT CONTACTS FOOD .
	b. <input type="radio"/> CHECK THIS BOX IF YOU ARE ONLY SAMPLING WHERE NO COOKING IS DONE ON-SITE.	
	c. <input type="radio"/> CHECK THIS BOX IF YOU ARE SERVING ONLY PREPACKAGED FOOD OR DRINK AND YOU ARE NOT OPENING THE PACKAGING, CANS, BOTTLES, ETC.	
	IF YOU CHECKED ANY BOXES ABOVE (18 a, b, OR c), YOU DO NOT NEED TO HAVE ACCESS TO A THREE COMPARTMENT SINK. IF YOU DID NOT CHECK ANY BOXES ABOVE (18 a, b, OR c), YOU MUST HAVE ACCESS TO A THREE-COMPARTMENT SINK.	
20. ARE YOU PROVIDING YOUR OWN THREE COMPARTMENT SINK?	<input type="radio"/> YES <input type="radio"/> NO	
21. IF YOU ARE REQUIRED TO HAVE ACCESS TO A THREE COMPARTMENT SINK, BUT YOU ARE NOT PROVIDING THE SINK, WHAT THREE COMPARTMENT SINK WILL YOU USE?		

COMMUNITY EVENT FOOD VENDOR APPLICATION

UTENSIL SINKS (cont'd)

22. IF YOU ARE PROVIDING A THREE COMPARTMENT SINK, ARE YOU ALLOWING OTHER FOOD VENDORS TO USE YOUR THREE COMPARTMENT SINK? YES NO

23. LIST THE OTHER FOOD VENDOR(S) YOU WILL ALLOW TO USE YOUR THREE COMPARTMENT SINK. (A MAXIMUM OF THREE ADDITIONAL VENDORS ARE ALLOWED)

1	2	
3		

24. IF YOU ARE PROVIDING A THREE COMPARTMENT SINK, SPECIFY HOW THE POTABLE WATER WILL BE PROVIDED.

TANK, GALLONS: _____ MUNICIPAL WATER CONNECTION OTHER: _____

25. IF YOU ARE PROVIDING A THREE COMPARTMENT SINK, SPECIFY HOW WASTE WATER WILL BE DISPOSED.

WASTE TANK THAT WILL BE EMPTIED IN THE SEWER, CAPACITY IN GALLONS:

MUNICIPAL SEWER SEPTIC SYSTEM

OTHER: _____

BE SURE TO SPECIFY ON THE MAP ANY POTABLE WATER FILLING STATIONS AND WASTE WATER DISPOSAL LOCATIONS.

OFFSITE

26. WILL ANY FOODS BE PREPARED AT ANY LOCATION OTHER THAN IN YOUR FOOD BOOTH AT THE EVENT?

YES Food preparation must be done in a commercial kitchen approved by this department. The Commissary Authorization section below must be completed and signed by the owner/operator of the approved commercial kitchen where food preparation will take place.

NO All food preparation will be done in the food booth at the event.

COMMERCIAL KITCHEN AUTHORIZATION

TO BE COMPLETED BY THE OWNER/OPERATOR OF THE APPROVED COMMERCIAL KITCHEN IN WHICH FOOD PREPARATION WILL TAKE PLACE.

27. THE FOOD VENDOR LISTED ON THIS FORM HAS PERMISSION TO USE THE APPROVED COMMERCIAL KITCHEN NAMED BELOW FOR PREPARING AND STORING FOOD ON THE FOLLOWING DATES:

28. BUSINESS NAME OF COMMERCIAL KITCHEN		29. ADDRESS OF COMMERCIAL KITCHEN	
30. CITY	31. STATE	32. ZIP	33. PHONE
34. FAX		35. OWNER/OPERATOR OF COMMERCIAL KITCHEN	
36a. SIGNED	36b. PRINT NAME	37. DATE	

Food Facility Owner, Operator or Authorized Representative

IF THE COMMERCIAL KITCHEN IN WHICH FOOD PREPARATION WILL TAKE PLACE IS LOCATED OUTSIDE OF FRESNO COUNTY, THE LOCAL ENFORCEMENT AGENCY MUST SIGN BELOW, AUTHORIZING USE OF THE COMMERCIAL KITCHEN, AND VERIFYING A CURRENT PERMIT TO OPERATE.

38a. SIGNED	38b. PRINT NAME	39. DATE
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Environmental Health Specialist

40. COUNTY OF: _____

I, the undersigned, agree to comply with the Community Event Food Vendor Requirements of the County of Fresno Department of Public Health. **I understand that failure to comply with the requirements will result in reinspection fees being charged for multiple reinspections due to uncorrected violations and/or suspension of approval to operate by the Department of Public Health.**

41. SIGNED	42. DATE
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Food Booth Owner/Operator