



This is your invitation to participate in  
*Kingsburg's Santa Lucia Festival*  
**2018 VENDOR APPLICATION**  
 This is a Wonderful Family Event



**Place:** Draper Street, Kingsburg, California (Swedish Village)

**Date:** Saturday, Dec. 1, 2018 • 11am to 7pm

**Fee:**

**\$65 Street Space (10 ft. x 10 ft.) Limited Spaces**

**Health Dept. Fee: \$47 (Separate check please, will be returned if not inspected)**

**Electrical Generators are PROHIBITED**

Application Deadline: Thursday, Nov. 15, 2018

***All vendors must supply evidence of liability insurance!***

**All applications accepted on first-come-first-served basis!**

Please return completed form with payment :  
 Kingsburg District Chamber of Commerce  
 1475 Draper Street • Kingsburg, CA 93631  
 (559) 897-1111 or Email [kaitlyn@kingsburgchamber.com](mailto:kaitlyn@kingsburgchamber.com)

## FOOD VENDOR APPLICATION

Business Name \_\_\_\_\_

California State Board of Equalization Resale Number: \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fee enclosed: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

I will be selling:

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Can begin setting up at 6am, set up complete by 10am  
 Tear down immediately after parade (approximately 7pm)

**KINGSBURG DISTRICT CHAMBER OF COMMERCE**  
**FESTIVAL POLICIES AND VENDOR APPLICATION**

**GENERAL POLICIES:**

All applications are subject to approval by the Festival Committee, and Board of Directors of the Kingsburg District Chamber of Commerce, who have the 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 all arts and crafts items meet the required standards of original art, hand-crafted items. All applicants must comply with the Fresno County Health Department and Kingsburg Fire Department regulations. Items to be sold are to be listed. **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 Festival 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. The Festival will be held regardless of weather conditions, and no refunds of fees will be made due to weather or other occurrences beyond the control of the Kingsburg District Chamber of Commerce.

Thank You,

Santa Lucia Celebration Committee.

**LIABILITY RELEASE:** In consideration of being permitted to participate in Kingsburg District Chamber of Commerce Santa Lucia Celebration, 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 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 assignees, my heirs, guardians, legal representatives, and I 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 Santa Lucia Celebration, and exclusion from future participation as a vendor in any event of the Kingsburg District Chamber of Commerce.

Signed \_\_\_\_\_ Date \_\_\_\_\_



# County of Fresno

DEPARTMENT OF PUBLIC HEALTH

David Pomaville, Director  
Dr. Ken Bird, Health Officer

## 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>.

<b>BOOTH / SPACE #</b>

**Reinspection fees will be charged for multiple reinspections due to uncorrected violations.**

<b>EVENT</b>	1. NAME OF EVENT		2. LOCATION OF EVENT	
	3. CITY	4. DATES OF OPERATION		5. HOURS OF OPERATION

<b>VENDOR</b>	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. PERSON WITH FOOD SAFETY TRAINING		8b. FOOD SAFETY CLASS PROVIDER		8c. DATE ISSUED
			<input type="checkbox"/> ServSafe <input type="checkbox"/> Prometric <input type="checkbox"/> NRFSP <input type="checkbox"/> CalCard Provider _____ <input type="checkbox"/> Fresno Co. Card		
	9. CONTACT PERSON		10. MAILING ADDRESS		11. CITY
12. STATE	13. ZIP	14. PHONE		15. FAX	

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

<b>UTENSIL SINKS</b>	19 a. <input type="checkbox"/> 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="checkbox"/> CHECK THIS BOX IF YOU ARE ONLY SAMPLING WHERE NO COOKING IS DONE ON-SITE.		
	c. <input type="checkbox"/> CHECK THIS BOX IF YOU ARE SERVING ONLY PREPACKAGED FOOD OR DRINK AND YOU ARE NOT OPENING THE PACKAGING, CANS, BOTTLES, ETC.		
	<b>IF YOU CHECKED ANY BOXES ABOVE (18 a, b, OR c), YOU DO NOT NEED TO HAVE ACCESS TO A THREE COMPARTMENT SINK.</b> <b>IF YOU DID NOT CHECK ANY BOXES ABOVE (18 a, b, OR c), YOU MUST HAVE ACCESS TO A THREE-COMPARTMENT SINK.</b>		
20. ARE YOU PROVIDING YOUR OWN THREE COMPARTMENT SINK?			<input type="checkbox"/> YES <input type="checkbox"/> NO

**COMMUNITY EVENT FOOD VENDOR APPLICATION**

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UTENSIL SINKS (cont'd)	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?		
	22. IF YOU ARE PROVIDING A THREE COMPARTMENT SINK, ARE YOU ALLOWING OTHER FOOD VENDORS TO USE YOUR THREE COMPARTMENT SINK?		<input type="checkbox"/> YES <input type="checkbox"/> 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. <input type="checkbox"/> TANK, GALLONS: _____ <input type="checkbox"/> MUNICIPAL WATER CONNECTION <input type="checkbox"/> OTHER: _____		
25. IF YOU ARE PROVIDING A THREE COMPARTMENT SINK, SPECIFY HOW WASTE WATER WILL BE DISPOSED. <input type="checkbox"/> WASTE TANK THAT WILL BE EMPTIED IN THE SEWER, CAPACITY IN GALLONS: _____ <input type="checkbox"/> MUNICIPAL SEWER <input type="checkbox"/> SEPTIC SYSTEM <input type="checkbox"/> 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?
	<input type="checkbox"/> <b>YES</b> Food preparation must be done in a retail or wholesale kitchen approved <b>by the county (Environmental Health office) or by the State government (CDPH, CDFA, etc.) or Federal government (USDA, FDA, etc.)</b> . The Commissary Authorization section below must be completed and signed by the <b>owner/operator of the approved kitchen</b> where food preparation will take place.  <input type="checkbox"/> <b>NO</b> All food preparation will be done in the food booth at the event.

APPROVED KITCHEN AUTHORIZATION	<i>TO BE COMPLETED BY THE OWNER/OPERATOR OF THE APPROVED KITCHEN IN WHICH FOOD PREPARATION WILL TAKE PLACE.</i>			
	27. THE FOOD VENDOR LISTED ON THIS FORM HAS PERMISSION TO USE THE APPROVED KITCHEN NAMED BELOW FOR PREPARING AND STORING FOOD ON THE FOLLOWING DATES:			
	28. BUSINESS NAME OF APPROVED KITCHEN		29. ADDRESS OF APPROVED KITCHEN	
	30. CITY	31. STATE	32. ZIP	33. PHONE
	34. OWNER/OPERATOR OF APPROVED KITCHEN	35a. PERMIT, LICENSE, OR REGISTRATION NUMBER:		35b. ATTACH COPY OF PERMIT, LICENSE, OR REGISTRATION.
	36a. SIGNED <i>Food Facility Owner, Operator or Authorized Representative</i>	36b. PRINT NAME	37. DATE	
	IF THE APPROVED 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 APPROVED KITCHEN, AND VERIFYING A CURRENT PERMIT TO OPERATE. ATTACH COPY OF PERMIT, LICENSE, OR REGISTRATION.			
	38a. SIGNED <i>Environmental Health Specialist</i>	38b. PRINT NAME	39. DATE	
	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
<i>Food Booth Owner/Operator</i>	