North Plains Elephant Garlic Festival



Food Vendor Application

Friday, Saturday & Sunday, August 8, 9 & 10, 2014

<u>Incomplete applications will be returned</u>

Deadline: March 15, 2014

Dear Food Vendor,

I would like to invite you to apply for the North Plains Elephant Garlic Festival, We look forward to seeing previous vendors as well as those of you who are new to this year's event. Each vendor will be notified if they have been accepted into the festival, each accepted vendor will also be given a copy of the Festival Rules and Regulations for each person in their group to read before the event starts. Please remember to bring your Festival Rules and Regulations with you to the event. Space is limited, so the earlier you apply the better chance you will have to be accepted.

Booth set up is on Thursday, August 7th from 9:00am – 9:00pm

PLEASE RETURN YOUR APPLICATION PRIOR TO March 15, 2014

If you have any questions, please call (503) 647-2619 or email me at lochlolly1@aol.com

Thank you,

Patti Burns Event Coordinator FRIDAY AUGUST 8, 2014–12:00 Noon to 11 PM SATURDAY AUGUST 9, 2014 - 10AM to 11 PM SUNDAY, AUGUST 10, 2014 - 10AM to 6 PM

ALL FOOD BOOTHS MUST ADVERTISE AND SELL AT LEAST ONE GARLIC ITEM.

Failure to comply with this rule will result in expulsion from the festival with forfeiture of all fees!

All food booths must be open and selling food during all festival hours on Friday, Saturday and Sunday. All set-ups must Be completed and open for business on FRIDAY AT 12:00 noon. Absolutely no booth set up during festival hours.

Tear down is allowed only after the 6:00pm closing on Sunday. INITIALS______

FOOD BOOTHS MUST COMPLY WITH ALL HEALTH DEPARTMENT RULES AND REGULATIONS. (ALL FOOD VENDORS MUST HAVE FOOD HANDLERS CARD ON SITE) ALL FOOD IS TO BE SOLD AT BOOTHS ONLY. VENDORS ARE NOT ALLOWED TO SELL ELSE WHERE ON FESTIVAL GROUNDS. INITIALS______

THE FESTIVAL WILL PROVIDE:

- *20AMPS OF 110 ELECTRICITY, MORE AT ADDITIONAL COST IF NEEDED AT \$20.00 PER OUTLET
- *WATER AND WASTE WATER DISPOSAL, CENTRALLY LOCATED
- *LIMITED NIGHT LIGHTING

YOU PROVIDE:

- *ELECTRICAL CORDS AND WATER HOSES: EXTENTION CORDS MUST BE COMMERCIAL GRADE
- *ATTRACTIVE BOOTH AND SIGNAGE
- *TRASH RECEPTACLES
- *REFRIGERATED STORAGE LIMITED TO TWO APPLIANCES INITIALS
- *EACH VENDOR IS RESPONSIBLE FOR OBTAINING THERE OWN WASHINGTON COUNTY HEALTH DEPARTMENT TEMPORARY RESTAURANT APPLICATION. INITIALS

EACH VENDOR MUST SUBMIT A CERTIFICATE OF INSURANCE LIABILITY NAMING NORTH PLAINS EVENTS ASSOCIATION AND ITS BOARD MEMBERS, *THE CITY OF NORTH PLAINS, * INITAILS _____

BOOTH FEES AND INFORMATION:

EACH VENDOR IS RESPONSIBILIE FOR OBTAINING A WASHINGTON COUNTY TEMPORARY HEALTHPERMIT

NOTE: ALL FOOD BOOTHS REQUIRE A \$250.00 CLEAN UP FEE. CLEAN UP FEE WILL BE REFUNDED AND MAILED DIRECTLY TO YOU IF BOOTH IS LEFT CLEAN.

- **1. COMMERCIAL FOOD VENDORS:** \$295.00 PER 10 X 10 BOOTH, WITH 20amps ELECTRICAL POWER OR \$425.00 PER 10 X 20 BOOTH, WITH 40amps ELECTRICAL POWER.
- **2. NON-PROFITFOOD VENDORS:** \$200.00 PER 10 X 10 BOOTH, WITH 20amps ELECTRICAL POWER OR \$275.00 PER 10 X 20 BOOTH, WITH 40amps ELECTRICAL POWER.

PLEASE COMPLETE THIS APPLICATION IN FULL BY March 15th 2014,

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- *WASHINGTON COUNTY HEALTH DEPARTMENT PERMIT
- *CERTIFICATE OF INSURANCE LIABILITY.
- *PLEASE, SIGN YOUR INTIALS AT THE END OF EACH PARAGRAPH, AFTER IT HAS BEEN READ.
- *INCOMPLETE PACKETS WILL CAUSE A DELAY IN APPROVING YOUR APPLICATION.

NAME OF BUSINES	SS OR ORGANIZATION: _			
BOOTH NAME:				
CONTACT PERSON	N:			
MAILING ADDRES	S:			
City	State		Zip	
TELEPHONE NUM	BERS: DAY AND EVENIN	G:	CELL:	
E- MAIL ADDRESS	:			
MENU ITEMS: PLEAS	E LIST ALL FOOD ITEMS TO I	BE SOLD, INCLUDING GAR	RLIC ITEMS.	
1.	2.	3.		
4.	5.	6.		
7.	8.			
OR TRAILER WILL RE		cription of your booth in	WHAT SIZE AREA YOUR BOOTH cluding all dimensions, and any	
will be the only one a	llowed at the festival. Each	vendor will be inspected	ires must be listed below. These to be sure the numbers of amps er quiet generator, it can be	
			# of amps	
Appnance	# of amps	Аррпапсе	# of amps	

^{*}A SEPARATE REFUNDABLE CLEAN UP FEE CHECK,

^{*}SIGNED RELEASE AND INDEMNITY WAIVER,

Please note: The Garlic Festival has very limited vendor parking. If you have a motor home or trailer, you will be provided with just enough space for a pop-out if that is what you have. You will not be provided room for a canopy. We are not a regular campground and are short on space to be able to provide parking space let alone camping space. If you feel you need to have more room then you are welcome to contact Loch Lolly Christmas Forest, which is up the road about 4 miles. They are willing to allow more space for camping and Motor home/trailer parking there. Phone: 503-647-2619. Handicapped Parking needed yes_____ no____. Number of parking spaces required for the duration of the festival Vehicle(s) to be parked in Vendor parking is a ______ Dimensions of space needed: ______ FOOD VENDOR APPLICATION RELEASE AND INDEMNITY AGREEMENT AS A VENDOR IN THE, The Elephant Garlic Festival I AGREE TO HOLD THE CITY OF NORTH PLAINS, The North Plains Events Association & it's Board members, THE PROPERTY OWNERS, THEIR AGENTS, OFFICERS, THE BOARD OF DIRECTORS, EMPLOYEES AND/OR VOLUNTEERS HARMLESS AND FREE FROM LIABILITY FOR INJURY TO, OR PROPERTY DAMAGE OF THE VENDOR, HIS AGENTS, EMPLOYEES OR THIRD PERSONS IN OR ON THE PREMISES OF The Elephant Garlic Festival. I ACKNOWLEDGE THE FESTIVAL, OR PROPERTY OWNERS WILL NOT PROVIDE DAMAGE INSURANCE AT THIS EVENT, I AGREE TO PROVIDE MY OWN THEFT AND DAMAGE INSURANCE FOR PROPERTY ON DISPLAY AND EQUIPMENT IN USE. THE North Plains Events Association and their agents and assignees assume no responsibility or LIABILITY FOR INJURY OR DAMAGE, OR LIABILITY TO PERSONS OR PROPERTY SUSTAINED BY REASON OFPRESENCE OF THE VENDOR AT THE North Plains Elephant Garlic Festival OR ANY PORTION THEREOF IN AUGUST 2013. I HEREBY ACKNOWLEDGE THAT I AM ELIGIBLE TO PARTICIPATE IN THE Elephant Garlic Festival AND HAVE READ AND AGREE TO COMPLY WITH THE ESTABLISHED RULES. I FURTHER UNDERSTAND THAT THE FESTIVAL MAY REVOKE SUCH AUTHORIZATION AT ANY TIME FOR VIOLATION OF THOSE RULES OR OTHER ACTIONS, WHICH DO NOT CONFORM, TO THE BOARD POLICY. **AUTHORIZED VENDOR SIGNATURE:**

Please make checks payable to: NPEA

DATE:

Mail to: Patti Burns 28366 NW Dorland Rd North Plains, Or 97133