

**4th of July Street Fair
Food Vendor Application
Wednesday, July 4, 2012
10am. – 5pm., Downtown Ventura**

Organization: _____

Contact: _____ E-mail Address: _____

Mailing Address: _____ City/State/Zip: _____

Day Phone: (____) _____ Cell Phone: (____) _____

State Seller's Permit #: _____ We are exempt, Federal Tax ID _____

Type of Food to be served with prices (a menu can be attached): _____

***Booth description:** Include a diagram or photo of the serving/food preparation and cooking set up with exact dimensions. Diagram must indicate location of tables, generators, propane tanks, BBQ's, etc. Fire Inspections will review the diagram and determine if State Codes are followed (refer to enclosed codes). Self contained/trailers that are made of non-canopy material set ups will be given priority over canopy style set ups.

Booth Fees:

- Commercial Booth - **\$400.00** (31328)
- Pre-Packaged Booth - **\$300.00** (31330)
- Non Profit Booth - **\$350.00** (31329)
- Electricity, we require the city to provide electricity - **\$40** per each 20 amps used (31331)
- Sink, we require the city to provide a 3-compartment sink - **\$50** use fee (31332)

- Insurance - we must purchase through City of Ventura
(**Separate check payable to the City of Ventura, credit cards are not accepted**) - **\$50**
- We have our own insurance – enclose the Certificate of Liability and Letter of Endorsement, see sample.

Booth Size (include trailer hitches, BBQ's/Grills, sinks): _____

Method of Payment:

Cash Check, payable to "City of Ventura" (**separate check payable to "City of Ventura" for insurance**)
 Mastercard VISA Card Number: _____ Exp. Date: _____
Cardholder Name: _____ Cardholder Signature: _____
Total Cost of Booth: _____ (**Do Not Include Insurance or Health Department Permit fees**)

Ventura County Environmental Health Permit: Must be submitted with Street Fair application.

Check payable to "**County of Ventura**" for Environmental Health Permit; please refer to County Health permit for appropriate fee
 I/We have an annual County of Ventura Health Permit I/We are a Non profit and our fees are waived

Cancellation Policy:

Refunds will be issued only for the following:

- 1. Cancellations made by June 6, 2012 (\$50 administrative fee deducted).
- 2. City cancels the 4th of July Street Fair due to inclement weather and does not reschedule (\$50 administrative fee deducted).

By signing this application, I/We hereby agree to abide by the terms and conditions as defined by the attached guidelines and set by the Parks, Recreation, Community Partnership Department, City of Ventura. I/We agree to release the City of San Buenaventura, its agents, its employees, and its certified volunteers ("City") from and against any claim arising from my participation in the program noted on this Registration Form. I/We grant permission for the City of San Buenaventura to use participants' image, filmed during program activities to promote its services and programs. I/We agree to indemnify and hold the City harmless from and against any claims, whether caused by passive negligence or I/we will pay all costs incident to any claim, including, without limitation, attorneys' fees. I/We agree that this agreement is intended to be as broad and inclusive as is permitted by the law of the State of California. Additionally, we agree to provide a booth that is entirely enclosed with screened sides, a top and a cleanable floor (pavement is acceptable). I/We grant the City of Ventura's permission to deny participation in such event if I/we do not follow the Temporary Food Facility Requirements and Procedures as set by the County of Ventura Environmental Health Division.

Date: _____ Signature(s): _____

Mailing Address 4th of July Street Fair, City of Ventura,
P.O. Box 99, Ventura, CA 93002-0099
Office Address: 501 Poli Street, Room 226, Ventura, CA 93001
Phone: (805) 654-7749
E-mail: mgodoy@cityofventura.net
Website: www.cityofventura.net/streetfairs

Deadline for Applications: Friday, April 13, 2012

For Office Use Only

Application Received: _____ _____ Mail Walk in Health Permit Received
Date Booth No. Insurance Paid Insurance Supplied