



**CITY OF CHINO CULTURAL PALOOZA
FOOD VENDOR APPLICATION**

City Hall Lawn-13220 Central Avenue, Chino, CA 91710
Saturday, March 10, 2018
10:00 a.m.-3:00 p.m.

OFFICE USE ONLY:

BOOTH #: _____

RECEIPT #: _____

Name of Organization/Company _____

Full Name of Contact Person _____ Title _____

Address _____ City _____ Zip _____

Day (____) _____ Mobile (____) _____ E-mail _____

Select Vendor Type: Profit: \$79 Non-profit: \$53 Non-Profit ID # _____

Please list all items to be sold. Items will be approved on a first-come, first-served basis.
Only the items listed here and approved by the committee will be allowed to be sold in your booth, no exceptions.

1st Choice: _____

2nd Choice: _____

Food will be: Prepared on-site OR Pre-packed

If preparing food, what type of cooking equipment will you use to prepare the food? _____
(Gas grill, hot pot, crock pot, etc.)

Type of booth:

Canopy; measurements _____ Food truck; measurements _____

Will you need electricity? Yes No

Number and type of electrical items to be used: _____
(Coffee pot, Electric grill, Crock pot, etc.)

What type of fire extinguisher will you have in your booth/food truck? Fire extinguisher grade _____

- At minimum, a Class 2A10BC Fire Extinguisher is required for open flames.

What type of Health Permit do you have with San Bernardino County? Annual permit One-day permit

- Submit a copy of the annual permit with this application. One-day permits must be made available to the City five days prior to the event.

GENERAL FOOD VENDOR INFORMATION

- Completed applications will be accepted on a first-come, first-served basis or until spots are filled. A standard 10' x 10' space will be provided for registered vendors. Food items will not be duplicated. The only exceptions are water, soft drinks, and basic coffee. Electricity with 20 amp circuits will be provided only if requested in advance.
- Registered vendors are responsible for supplying their own tables, chairs, shade, meeting County Health requirements (netting/screening, hand washing equipment, etc.), and Fire Department requirements (Class A & B, K, and/or 2A10BC fire extinguisher).

Food vendors must comply with and obtain (1) a Temporary Food Facility Health Permit with the San Bernardino County Department of Environmental Health Services; (2) City of Chino one-day business license or provide proof of annual permit; **BUSINESS LICENSE #** _____ (City Hall Business Licensing 909.334.3263) (3) provide certificate of liability insurance for \$1 million listing the City of Chino as additionally insured; and (4) provide proof of State Board of Equalization seller's permit for temporary location.

- If the vendor cancels less than three weeks prior to the event, no refund of City fees (booth and City business license) will be provided.
- Any individual behaving inappropriately or unsafely will be ejected and denied future participation.
- Vendors will be allowed to enter the vendor section by 8:00 a.m. for vendors with trailers, and 8:30 a.m. for those without trailers. All vendors **MUST** be ready for business by 9:30 a.m.

Vendor applications will be accepted ONLY through February 16, 2018 (or until spots are filled).

Mail/submit applications with proper payment to:

Carolyn Owens Community Center

13201 Central Avenue, Chino, CA 91710

Attn: Nikki Hendricks, Community Services Coordinator

For more information, contact:

Nikki Hendricks - 909.334.3500

Nhendricks@cityofchino.org

Make check/money order payable to: **City of Chino** (except payment for Temporary Food Facility Health Permit).

Incomplete applications or those received without proper payment will be returned.

-Please turn over for more information-

*** WAIVER AND RELEASE BY APPLICANT(S)
FOR PARTICIPATION IN A CITY OF CHINO SPONSORED PROGRAM**

Participant Name: _____ Activity: Cultural Palooza

Program Dates: From: Saturday, March 10, 2018 To: Saturday, March 10, 2018

In exchange for being permitted to participate in any City of Chino activity, I acknowledge and attest to the fact that:

1. My participation, and/or that of my child/children/guardians, is voluntary.
2. My participation, and/or that of my child/children/guardians, potentially can result in injury, death, property damage, and other losses.
3. I am legally competent to understand and accept the associated risks.
4. I will not pursue legal actions against the City for matters arising as a result of my participation, and/or that of my child/children/guardians.
5. I am responsible for payment of all charges associated with my participation, and/or that of my child/children/guardians, for any damages to the City property or other losses of any involved.
6. I will defend the City and its representatives against any claims or lawsuits that are a result of my participation, and/or that of my child/children/guardians.
7. I agree that the City can take photographs and/or film me, and/or my child/children/guardians, while participating in a City activity and/or at a City facility to be used for promotional purposes; and, further that these will be the sole property of the City.
8. I understand that rates, fees, dates, times, classes, schedule of classes, and instructors established by the City may change at any time without notice.
9. I agree that City fliers and class schedules are not an expressed or implied contract.
10. I agree that the City is not responsible for any damage or loss that may arise from a misunderstanding, error, or omission.
11. I understand that the City reserves the right to change or cancel any or all of the participation/use rules at any time.
12. I understand that any individual behaving inappropriately or unsafely will be ejected and denied future participation.

I am signing a full release of any and all liability against the City of Chino and do so of my own free will.

Printed Name: _____ Parent/Guardian

Signature: _____ Date: _____

Address: _____

Phone (day): _____ Phone (evening): _____ Phone (cell): _____

Organization (if any): _____

The City of Chino, in compliance with the Americans with Disabilities Act (ADA) does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs, events, or activities. Requests for accommodations and information regarding provisions of the ADA may be requested from Michael Heroux, ADA Coordinator, at 909.334.3308.

***** **FOR OFFICE USE ONLY** *****

Staff Member Printed Name: _____ Title: _____

Staff Member Signature: _____ Date: _____

*** To be completed by each adult (18 years of age or older)**