



**CITY OF CHINO**  
**FOOD VENDOR APPLICATION**  
**2025 CHINO YOUTH CHRISTMAS PARADE AND FAIR "Lights, Camera, Action: A Hollywood Christmas in Chino!"**  
**CITY HALL, 13220 CENTRAL AVENUE, CHINO**  
**SATURDAY, DECEMBER 13, 2025**  
**9:00 A.M. – 2:00 P.M.**

Office Use Only
Date Received: _____
Staff's Initial: _____

Name of Organization/Company \_\_\_\_\_ E-mail \_\_\_\_\_

Full Name of Contact Person \_\_\_\_\_ DOB \_\_\_\_\_

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

Day (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

**PARTICIPANT INFORMATION:**

- Profit Food Vendor: \$175       Non-Profit Food Vendor: \$105       Cottage Food Vendor: \$40

Please list all food items, beverages/refreshments, etc. to be sold. Food Vendors will be selected based on application priority and food items. Water and soda can be sold for no more than one dollar. **Only the items listed here and approved by the City will be allowed to be sold in your booth, no exceptions.**

1<sup>st</sup> Choice:

2<sup>nd</sup> Choice:

Food will be:     Prepared on-site     Pre-packaged (Cottage Food)    Will you need electricity?     Yes     No

Type of booth:     Canopy; measurements \_\_\_\_\_     Food truck; measurements \_\_\_\_\_

Number and type of electrical items to be used: (Coffee pot, 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    **HEALTH PERMIT PR#** \_\_\_\_\_
- 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. For more information visit, <https://ehs.sbcounty.gov>.

**EVENT REQUIREMENTS**

- Complete application form and submit. (Payment is due after approval of participation from City staff.)
- Completed applications will be accepted on a first-come, first-served basis. Incomplete applications will not be processed. Submit signed City of Chino Waiver Form. (See waiver on the back of this form)
- **City of Chino Business License. BUSINESS LICENSE #** \_\_\_\_\_
  - All vendors are required to submit a One-Day Temporary Permit. A One-Day Temporary Permit is \$20. Additional fees may be required by the City of Chino Finance Department, Business Licensing, 909.334.3263.
  - Fees will be waived for businesses who have a current City of Chino Business License. Must complete one day vendor permit form.
- **I am a non-profit organization and have a valid 501(c)(3). 501(C)(3) #** \_\_\_\_\_
  - All non-profit organizations are required to obtain a One-Day Temporary Permit.
  - Fees will be waived upon verification of non-profit status by Finance Department, Business Licensing.
- **All vendors (excluding non-profit) need a Seller's Permit:**
  - I hold a valid State of California seller's permit. **My number is: S** \_\_\_\_\_
- **Once approved, food vendors and cottage food vendors must provide the following:**
  - Temporary Food Facility (TFF) Health Permit or Cottage Food Health Permit from the San Bernardino County Department of Environmental Health Services.
  - Proof of \$1 Million liability insurance and endorsement page listing the City of Chino as an additional insured.
  - Proof of State Board of Equalization seller's permit for temporary location. For more information visit, <https://www.cdtfa.ca.gov>.

**GENERAL FOOD VENDOR INFORMATION**

- A standard 10' x 10' space will be provided for registered food vendors. Electricity (20-amp circuits) will be provided only if requested in advance.
- Accessible Vending requires a maximum counter height of 34". Vendor shall ensure access to goods and services for people with disabilities.
- Registered food vendors are responsible for supplying their own tables, chairs, shade with weights, and must comply with all County Health and Fire Department requirements (fire extinguisher, netting/screening, hand washing equipment, etc.).
- Any individual behaving inappropriately or unsafely will be ejected and denied future participation.
- Food vendors will be allowed to enter the food vendor section to set-up at 6:30 a.m. All vendors **MUST** be ready for business by 8:00 a.m. Water hook-ups will not be available.
- **NO REFUNDS AFTER MONDAY, NOVEMBER 24.**
- If the event is *cancelled* due to severe weather, a full refund will be issued for booth fee. However, **Business Licensing does not provide refunds.**

PLEASE INITIAL THAT YOU AGREE TO THE ABOVE: \_\_\_\_\_

Complete applications will be accepted **ONLY** through **Friday, November 7 (or until spots are filled)**.

**Submit complete applications to:**

Email: [eventvendors@cityofchino.org](mailto:eventvendors@cityofchino.org)

Mail/In-Person: Carolyn Owens Community Center • 13201 Central Avenue • Chino, CA 91710

Attn: Lyann Martinez, Community Services, Parks & Recreation Specialist

For more information or special requests/considerations, please contact

Lyann Martinez, Community Services, Parks & Recreation Coordinator, at 909.334.3507, or

[eventvendors@cityofchino.org](mailto:eventvendors@cityofchino.org).

# FOOD VENDOR WAIVER

**\* WAIVER AND RELEASE BY APPLICANT(S)  
FOR PARTICIPATION IN A CITY OF CHINO SPONSORED PROGRAM AND/OR  
USE OF A CITY OF CHINO FACILITY**

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Participant Name: \_\_\_\_\_ Activity Chino Youth Christmas Parade and Fair

Program Dates: From: Saturday, December 13, 2025 To: Saturday, December 13, 2025

In exchange for being permitted to participate in any City of Chino activity and/or use any City of Chino facility, 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, may result in injury, death, property damage, and other losses, and I assume all of those risks.
3. I am legally competent to understand and accept the associated risks.
4. I waive, and release the City, its officials, employees, and volunteers from, all claims for any injury, death, property damage, or other loss resulting from my participation in the activity, and/or that of my child/children/guardians.
5. I am responsible for payment of all fees for, and liabilities and damages resulting from, my participation in the activity and/or that of my child/children/guardians, including damages to City property, injury to other participants, or other losses of any kind.
6. I will defend the City and its representatives against any claims or lawsuits that are a result of my willful misconduct, and/or that of my child/children/guardians.
7. I agree that the City can take photographs and/or film me, and 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 such photographs and film will be the sole property of the City and that neither I nor my child/children/guardians will be entitled to any license fee or royalty for the City's use thereof.
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 and 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 related to the activity.
11. I understand that the City reserves the right to change or cancel any or all of the participation/use of 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): \_\_\_\_\_

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

Staff member printed name: \_\_\_\_\_ Date: \_\_\_\_\_