

2018 Special Events Primary Application

CITY OF VACAVILLE COMMUNITY SERVICES DEPARTMENT / SPECIAL EVENTS

Vendor Application Packet

SELECT ONE: New Returning **SELECT ONE:** Commercial / Craft Food Non-Profit

BUSINESS INFORMATION (**Must attach supporting documentation*)

Business Name _____

Name of Applicant _____ Owner? Yes No

On-site Contact _____ On-site Contacts Cell # _____

Address _____

City _____ State _____ Zip _____

Business Phone () _____ Residence Phone () _____

Cellular Phone () _____ Fax () _____

E-mail address _____ Web Site _____

*Federal Taxpayer's ID # _____ *CA Seller's Permit# _____

*Business License # _____

How long in business _____ Sole Proprietor Partnership Corporation Other _____

Have you ever conducted business with the City of Vacaville? **Y/ N** If yes, what year(s)? _____

FINANCIAL INTEREST

List names of all persons with financial interest (ownership) in your business or organization (if a corporation, list corporate officers). Names are REQUIRED.

Name(s) _____

INSURANCE REQUIREMENTS (**Must attach supporting documentation*)

Proof of general and product liability insurance of at least \$1,000,000 aggregate is required with your application and must deem City of Vacaville **650 Merchant Street Vacaville, CA 95688** as also insured.

*Carrier _____ Policy Expires _____ City listed also Insured **Y/ N**

BOOTH INFORMATION (*Please attach a photo of booth display*)

Vendors must provide and set up their own 10 X 10 tent; exhibits, tables, and tents are required to stay within set boundaries. Vendors needing a larger space must purchase two or more booth spaces. Special requests are on a first come basis and are not guaranteed.

Note: Food concessions see pg. 4 addendum for booth setup

Check All That Apply:

- Use microphone Conduct prize drawings Promotional Give-a-ways
 Direct Sales Leads Mail order Custom items Stock merchandise

Special Requests: _____

UTILITIES REQUIRED (*Any audio/visual equipment must be approved in writing by coordinator*)

Food concessionaires, see addendum for electricity restrictions.

City of Vacaville Special Events

E-mail: specialevents@cityofvacaville.com
Phone: (707) 469-6694 FAX: (707) 469-6663
91 Town Square Place, Vacaville, CA 95688



Please make a copy for your records

REFERENCES *(List 2 fairs, festivals or shows you have recently participated in)*

Event #1 _____

Contact person _____ Phone () _____

Event #2 _____

Contact person _____ Phone () _____

PRODUCTS & SERVICES PRICING *(complete or attach separate list, please be specific)*

TYPE OF ITEM (Ex: Baskets, Music, Clothing, Menu)	PRICING

CERTIFICATION OF APPLICANT

I, the undersigned, acknowledge, agree and understand that: Participation may involve risk of serious injury, including but not limited to bodily injury, death, property damage and economic losses, which may result not only from the participant's actions, inaction's, or negligence, but also from the actions, inaction's or negligence of others, or the conditions of facilities, equipment, or areas where the event or activity is being conducted. Furthermore, the undersigned both understands the risks associated and agrees to assume any and all such risks arising out of or in the course of participation in this activity or event.

The undersigned warrants that he/she is in good health and has no physical condition, which would prevent safe participation in this activity or event. Furthermore, the undersigned participant agrees to immediately report to the activity or event supervisor any unsafe condition and/or any injury incurred.

The undersigned agrees to indemnify, defend, and hold harmless the City of Vacaville, its officers, officials, employees and volunteers from and against all liability, loss, damage, expenses, costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with the participation in the activity or event described above or failure to comply with any obligations related to this activity or event. The undersigned shall procure and maintain insurance as set forth in Exhibit "A" hereto.

The undersigned participant hereby give consent to be treated by a physician or surgeon in case of sudden illness or injury while participating in the above activity or event. It is understood that the City of Vacaville provides no medical insurance for such treatment and that any such cost thereof will be at the undersigned's expense.

I have read and understand the instructions and any additional information attached. I understand that this form is an application for space only, and is not an offer by the City of Vacaville to rent space. I certify that all information contained in this application to be true and accurate to the best of my knowledge.

Signature _____ Date _____

Printed Name _____

Office Use Only	Date Received _____	Approved _____	Denied _____
____ Completed application form (all questions must be answered & application signed)			
____ Complete list of items to sell or promote (use backside of app. or attach separate page)			
____ Recent photo of booth & product display (photos will not be returned)			
____ Copy of California Seller's Permit ____ Copy of Business Lic. or 501c3 letter			
____ Copy of general & product insurance, listing City as also insured			
____ Food concessions: addendum & supporting documentation			

2018 Special Events Primary Application

CITY OF VACAVILLE COMMUNITY SERVICES DEPARTMENT / SPECIAL EVENTS

Food Concessions Addendum

BUSINESS INFORMATION

Business Name _____
 Name of Applicant _____ Owner? Yes No
 Solano County Health Permit # _____
 On-site Contact _____ On-site Contacts Cell # _____
 Address _____
 City _____ State _____ Zip _____
 Business Phone () _____ Fax () _____
 E-mail address _____ Web Site _____

UTILITY REQUIREMENTS

Please provide “real” numbers running at maximum capacity. If we are not informed of proper requirements, we may not be able to provide service – **BE SPECIFIC.**

Max 50 ft 10 gage AW extension cord required for power.

Stand/Trailer: Voltage _____ Phase _____ Amps _____
 Refrigerator: Voltage _____ Phase _____ Amps _____
 Other: _____ Voltage _____ Phase _____ Amps _____
 Stock Truck: Voltage _____ Phase _____ Amps _____

NOTE: No running water or sewer available. Vendor responsible for all adapters

DIMENSIONS

Provide accurate dimensions of front & depth footage required when set up (including all awnings, counters and back area). *Provide diagram of full set up as indicated on the next page to help us configure accurate layouts

Check all that apply: **Cart** **Tent** **Stand/Trailer:** End Serve Side Serve Counter Service
 Booth: Width _____ x Depth _____

NOTE: Location of hitch must be marked on diagram

Food Vendor Attachments
____ Upon approval send in a copy of: Solano County Health Permit (FOOD CONCESSIONS ONLY)
____ Copy of Food Handler’s Certificate (FOOD CONCESSIONS ONLY)
____ Menu: list all food and drink items with sizes and prices
____ Recent photos of stand (show different views in full-service mode). (ATTACH: photos will not be returned)
____ Diagram of stand including all dimensions of full set up

Addendum for food concessions only. This form *MUST* be submitted along with the vendor application as well as *BOTH* required vendor and food concession documents.

City of Vacaville Special Events

E-mail: specialevents@cityofvacaville.com
 Phone: (707) 469-6694 FAX: (707) 469-6663
 91 Town Square Place, Vacaville, CA 95688

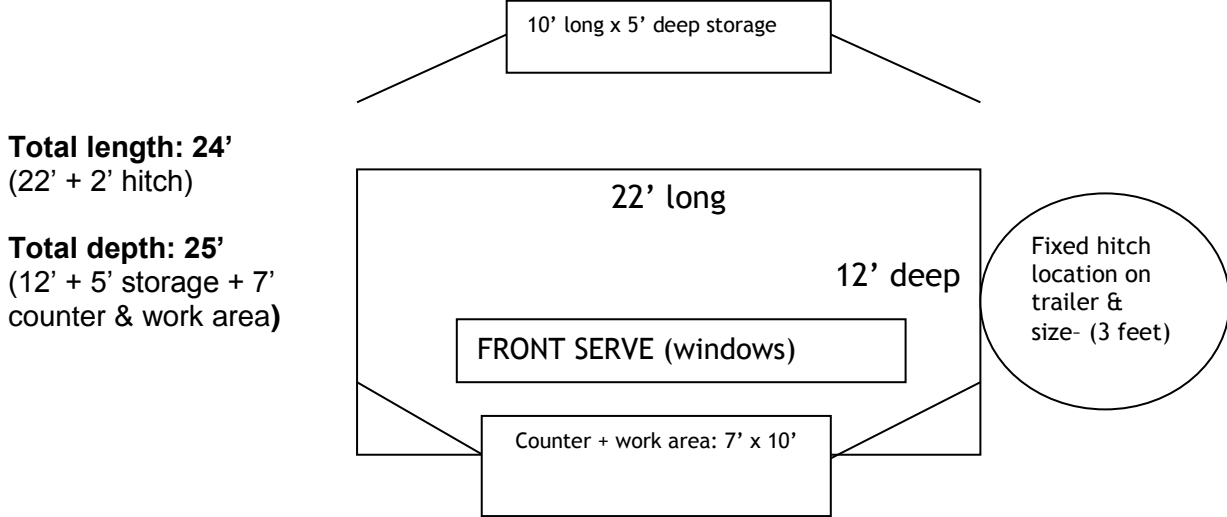


DIAGRAM OF CONCESSIONS SPACE

Please create a diagram of your stand layout, including storage area, refrigerator unit, counters, etc. Overhead view only, please! This helps us to better understand your layout, and to ensure that we are able to provide adequate space.

EXAMPLE

12' X 22' STAND, front serve, fixed hitch location, 10'x5' storage and 7'x10' counter + work area 10 ft



YOUR STAND DIAGRAM HERE (include location of hitch and needed back of house area. may attach separate page)

