

Spaces Requested: Please see the map. We will do our best to accommodate your choices.

1st Choice Space # _____ 2nd Choice Space # _____ 3rd Choice Space# _____.

I request a space next to (team name) _____.

Competitors Selling Product and Food

If you will be selling food, please include a full menu below. If you are selling an item not on your menu, you will be asked to stop selling it. There will be **NO EXCLUSIVITY** for food and beverage sales.

Menu for 2017 Boats, Bands and BBQ

Information Regarding Food and Beverage Purchases

- **2017 is CASH BASED– YOU ARE RESPONSIBLE FOR YOUR OWN CITY SALES TAX!!! PLEASE SEE THE 2017 TAX INFORMATION PAGE**
- Vendors may sell soft drinks and bottled water; however the beverages **MUST** be purchased through our exclusive beverage sponsor. You will need to open an account with our representative. You will be given a predetermined amount of product to begin the event. Ice will also be available through the beverage provided for purchase.

Required Release (MUST BE SIGNED)

WAIVER OF LIABILITY: In consideration of the Historic Arkansas Riverwalk of Pueblo (HARP), the HARP Foundation and the City of Pueblo accepting this entry. I, undersigned, intending to be legally bound, hereby myself, my heirs, executors and administrators waive and release any and all rights and claims for damages against the HARP Authority, the HARP Foundation, and the City of Pueblo, and the Boats, Bands and BBQ event, their representatives, successors and assigns for any and all injuries suffered by me or any member of my TEAM at this event. Further, I hereby grant full permission to the HARP Foundation and the Boats, Bands, and BBQ and/or their authorized agents, to use my photographs, videotapes, motion pictures, recordings and any other recorded image of this event for any legitimate purpose.

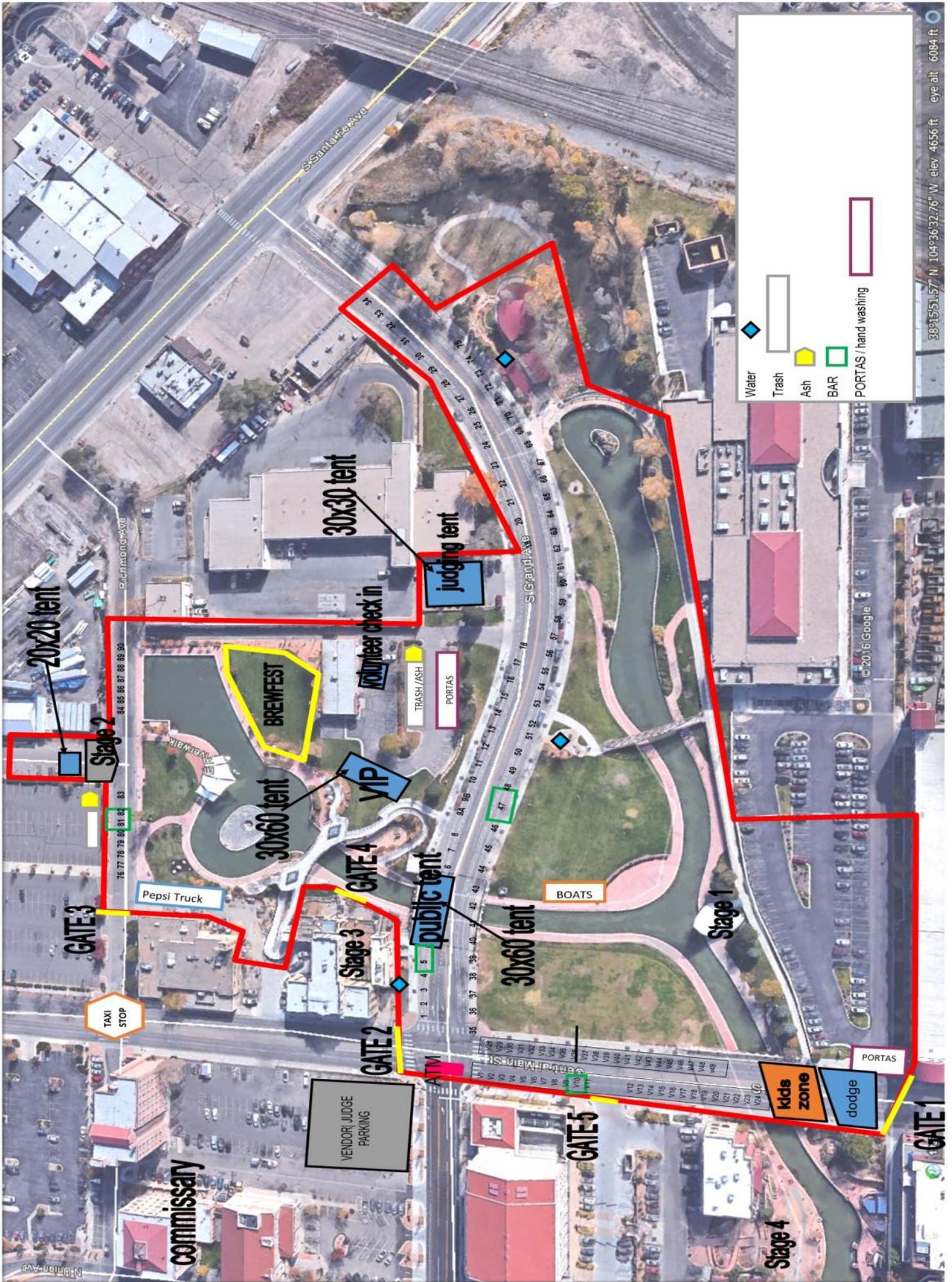
I further agree to accept all conditions set forth and to abide by the rules and regulations of The Kansas City Barbeque Society, Rocky Mountain Barbeque Associate and the Loaf 'N Jug Boats, Bands and BBQ Event.

PLEASE PRINT LEGIBLY

Team Name: _____ Chief Cook's Name: _____

Signature of Chief Cook: _____ Date: _____

Upon HARP Foundation's receipt of your completed application, you will receive a confirmation of your entry with your team number. Your space(s) will be assigned based on registration(which is date of received, completed and paid entry to the event) the HARP staff will do our best to accommodate your needs. Site plan is subject to change.



Water 
 Trash 
 Ash 
 BAR 
 PORTAS / hand washing 

Contest Information and Instructions

General Rules and Regulations:

- All teams must have a provision for hand washing and vending teams must meet the Pueblo City-County Health Department guidelines. Guidelines are attached in this packet and will be mailed again with your confirmation packet, they are available online at www.co.pueblo.co.us/pcchd/environment under the "FOOD SAFETY PROGRAM".
- Up to date fire extinguishers are required. The recommended size is 2A-10B:C and it must have a current inspection tag.
- Tables and chairs may be rented from A-1 Barricade. Call them directly for rental information at 719-240-9965. 7-10 days notice required. Rental items must be removed from the street by 12:00pm on Sunday.
- 10x10 tents are available for rent through Pueblo West Tents and Awning. Please contact Todd at 719-406-0434
- Teams using electricity must provide their own extension cords. Extension cords must be a **minimum of 12 gauge**, 50' in length and in good working order. Must have ground and NO CUTS OR SPLICES
- Restrooms (NO shower facilities) are located at the Boettcher Outdoor Education Center, the Riverwalk Welcome Center and Port-o-lets will be located throughout
- Water will be available in two locations shown on the attached map and a map in your check in packet
- Grey water, ash and grease may only be disposed of at locations indicated on your map.
- Receptacles for ashes will be available for dumping hot ashes through out the event.
- Please provide your own trash receptacles for your booth. Dumpsters will be located for trash dumping.

Food and Beverage Sales

- Vending teams may not close down until 11:00pm on Saturday night. Please plan to have enough food to stay open until the end of the event. If you do run out of food, the HARP Foundation understands that can happen, however for the safety of the public you may not PULL OUT of your space until 12:00am. If a vendor tries to pull out before 12:00am the HARP FOUNDATION may not allow the vendor at any other festival.
- Vendors may sell soft drinks and bottled water, however, they must be purchased through Pepsi our exclusive beverage sponsor. You will need to open an account with them. You will be given a predetermined amount of product to begin the event. Ice is also available for purchase from Pepsi as well as a designated Ice Delivery Crew.
- 2017 is a CASH based event!!!

Meat Inspection

- All meat cooked at the Boats, Bands and BBQ must be USDA approved meat or have been purchased from a USDA inspected source. Cookers must be able to show proof of this.
- Meat Inspections will be conducted from 9:00am until 4:00pm on Friday. The contest representative will certify the meat begins raw.
- All KCBS rules apply to competition meats.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

SAMPLE CERTIFICATE OF LIABILITY INSURANCE

- You don't need workers comp coverage if you don't have employees
- Auto liability coverage required to drive on event site

ACORD		CERTIFICATE OF LIABILITY INSURANCE		Date (mm/dd/yyyy) Current date
<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require re-assignment. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>				
Address Insurance Agent Address City, State, Zip		CONTACT NAME PHONE NO. () ADDRESS CITY, STATE, ZIP		
INSURED Insured Name Address City, State, Zip		INSURER: Insurance Company ADDRESS: Insurance Company ADDRESS: Insurance Company ADDRESS: ADDRESS: ADDRESS:		
COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NO WARRANTIES OR REQUIREMENTS, BY OR ON BEHALF OF THE CONTRACTOR OR OTHER COLENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR FOR WHICH THE INSURANCE AFFORDED BY THIS POLICY IS DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. LIMITS SHOWN ARE THE MAXIMUM AMOUNTS COVERED.				
TYPE	TYPE OF INSURANCE	AGREEMENT	POLICY NUMBER	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL PREMISES AND PRODUCTS <input type="checkbox"/> CONTRACTORS <input type="checkbox"/> AUTOMOBILE <input type="checkbox"/> OCCUR (SEE APPROPRIATE ENDORSEMENTS)	X		COMMERCIAL PREMISES AND PRODUCTS \$1,000,000 CONTRACTORS \$50,000 AUTOMOBILE (policy limit) \$5,000 GENERAL AGGREGATE \$1,000,000 POLICIES IS - COMMERCIAL PREMISES \$200,000
B	AUTO/BOILER LIABILITY <input checked="" type="checkbox"/> BOILER AND MACHINERY <input checked="" type="checkbox"/> AUTOMOBILE <input checked="" type="checkbox"/> BOILER AND MACHINERY <input checked="" type="checkbox"/> AUTOMOBILE (SEE APPROPRIATE ENDORSEMENTS)			COVERED BOILER AND MACHINERY \$1,000,000 AUTOMOBILE \$5 COVERED BOILER AND MACHINERY \$5 AUTOMOBILE \$5
C	WORKERS COMPENSATION (SEE APPROPRIATE ENDORSEMENTS) (MANDATORY IN SOME STATES) (MANDATORY IN SOME STATES) (MANDATORY IN SOME STATES)			WORKERS COMPENSATION \$100,000 WORKERS COMPENSATION \$100,000 WORKERS COMPENSATION \$100,000
Description of Operations (LOCATIONS/VEHICLES) (Address, location, vehicle description, etc.) Historic Arkansas Riverwalk of Pueblo (HARP) HARP Authority and HARP Foundation are named as Additional Insured.				
CERTIFICATE HOLDER		CANCELLATION		
Historic Arkansas Riverwalk of Pueblo 200 West 1 st St., Ste. 303 Pueblo, Colorado 81003		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE:		