

65th Fairhope Arts and Crafts Festival

Food Vendor Application

March 17, 18, 19, 2017

<http://thefairhopeartsandcraftsfestival.com/>

Application Deadline: November 2, 2016

New Times

Friday and Saturday 10:00 am – 7:00 pm CST

Sunday 10:00 am – 5:00 pm CST

Please Print

Vendor Name _____

Contact Person _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

E-Mail _____

A Completed Application Consists Of

1. All blank spaces have been filled in and information is correct.
2. Self-addressed stamped envelope.
3. **Current** Photograph of Food Booth you plan on exhibiting with.
4. Baldwin County Health Department Permit **(new Form Required by Health Department; attached)**
5. Check for Utilities (electrical, water, sewer) payable to : *City of Fairhope*
6. Separate check for Health Department fees; payable to *Baldwin County Health Department.*

7. Separate Check for Booth Fees payable to Fairhope Arts and Crafts Festival, PO Box 2343, Fairhope, AL 36533
8. Proof of Insurance.
9. Attach a typed list of all food items you plan to serve at the festival. Please do not write by hand.

No application will be considered until all of the above have been met. Incomplete applications will be returned.

Applying For: _____ Food Court _____ In-Show

Food Court Applicants

Length Needed Along Curb, ft.
(Be exact, include tongue) _____
 Height _____
 Width _____

Electrical Fee—Booth _____
Cost \$100/110V outlet and \$125/220V outlet
 # of 110 volt outlets: _____ amps/outlet _____
 # of 220 volt outlets: _____ amps/outlet: _____

Off Site Electrical—Food Truck, RV, Freezer, etc.
Cost: \$100/110V and \$125/220V outlet
 # of 110 volt outlets: _____ amps/outlet: _____
 # of 220 volt outlets: _____ amps/outlet: _____

Sewer/Water \$16 _____

Total City Fees: _____
 Payable to: *City of Fairhope*

Booth Fee: _____
 See schedule in right column
 Payable to: *Fairhope Arts and Crafts Festival*

Baldwin County Health Depart. Fee \$50.00 _____
 Payable to: Baldwin County Health Dept.

In-Show Applicants

Number of booths requested _____

Total In-Show Booth Fees _____
 See in-Show Vendors Fees
 Payable to: *Fairhope Arts and Crafts Festival*

Baldwin Co. Health Dept. Fee \$50.00 _____

Payable to: Baldwin County Health Dept.

Food Court Vendor Fees

Circle the space you want below, and indicate beside it whether it is your 1st or 2nd choice. There is a maximum of 3 contiguous booth spaces per vendor. The Committee will decide final placement in the Food Court. We will inform you of booth location at registration.

Submit the fees based on the amount of your first choice fee. We will refund fees if necessary. If your curb length exceeds 20', add 5% per ft to the fees below.

Space	Booth	Space	Booth
2	\$2700	1	\$2700
4	\$2200	3	\$2200
6	\$1600	5	\$1600
8	\$1600	7	\$1600
10	\$1250	9	\$1250
12	\$1250	11	\$1250
14	\$1000	13	\$1000
16	\$1000	15	\$1000

In-Show Vendor Fees

Circle your choice
 Commercial Vendor: Max 4 booths per vendor

1 st or only booth	\$500
2 nd booth add	\$700
3 rd booth add	\$850
4 th booth add	\$1000

Non-Profit Organization \$150
 (with no commercial ties)

In-Show Vendors must sell limited pre-packaged food or container drinks only, cannot require water.

All Spaces will be 10' X 10'

Contact Numbers

Baldwin County Health Department

(251) 947-3618 *Cathy LaSource*

Food Court

Lee Rivenbark, 251-604-4004

**65th Fairhope Arts and Crafts Festival
March 17, 18, and 19, 2017**

- You must apply for a specific spot as your first, second and third choice. If you are given a space other than your first choice and it is a lower price, adjustments will be made accordingly.
- Acceptance is based upon the receipt of a completed vendor application, health department permit, monies, a copy of menu and a picture of booth. **Checks will be deposited within 5 days of acceptance to the show.**
- The Committee will decide final placement of vendors based on date of completed application, menu and other factors. Consideration will be given to returning vendors who have a history of compliance with the Arts & Crafts Festival.
- Each Food Court space is 20 ft. along the curb. We will try to provide additional footage at an extra charge if we can do so without detriment to other vendors. Only food booths can receive power from the Magnolia Street outlets. Support vehicles will use off site power.
- All commercial food vendors are required to possess a valid Baldwin County and State of Alabama business license.
- The utility fees (electrical, water/sewer) must be a separate check made payable to the City of Fairhope.
- Health Department fee must be a separate check and made payable to Baldwin County Health Department.
- The booth fee must be a separate check payable to Fairhope Arts and Crafts Festival.
- Ice may be purchased at the ice station in the food court in 40 lb. bags.
- In-Show, container drinks and pre-packaged foods may be sold from hand-pushed carts, umbrella type tables and small tents, in a limited number of 10' x 10' spaces. No generators are allowed.
- All food and drink items must be sold from booth.
- Water will be supplied in the Food Court to fill holding tanks. (No permanent connections allowed. Hook-up to Fairhope businesses is strictly prohibited.)
- Contaminated water must be disposed of in the conveniently located sewer drains every day.
- Off Site parking of support vehicles on the Library lot will be assigned.
- Fresh water hoses must be white. Any other hoses must be non-white.

- Trash must be placed in garbage bags (supplied by you) and sealed to be picked up each evening by the City of Fairhope.
- Vendors bear the responsibility for all set-up and security needs. Fairhope Arts and Crafts Festival, its representatives, the committee, nor the City of Fairhope will be responsible for loss or damage of any kind.
- Fire Department requires all vendors to have a 5 lb. ABC fire extinguisher. Vendors that are frying must also have a 2.5 gal. K Fire extinguisher.
- The Arts & Crafts Festival Committee reserves the right to approve or deny certain food items to be served at the Festival
- Mandatory purchase of carbonated soft drinks and water will be stipulated by the Fairhope Arts and Crafts Festival upon agreement with said distributor. Please look for this notification in your acceptance letter.
- All applications resulting in returned checks will be subject to committee review. Further participation in the Arts and Crafts Festival will be addressed as well. A penalty of \$100.00 will be assessed for each returned check.

***The Fairhope Arts & Crafts Festival reserves the right to remove a food vendor from the show for conduct deemed unacceptable or detrimental to the mission and reputation of the Festival. You will also be removed for not abiding by the requirements and information listed in the application. Sale of food items is restricted to the approved trailer, cart, or tent space specified at the time of this agreement. No food items can be dispensed outside of the approved space. In addition, the types of food items that will be dispensed must conform to those approved at the time of this agreement. Once you are accepted into the Festival, there will be no refunds for any reason.**

By signing you agree to the terms of this contract.

Signature

Date

Mail Checks, Application and Health Department Permit to:

**Fairhope Arts and Crafts Festival
Attn: Lee Rivenbark
P.O. Box 2343
Fairhope, AL 36533**

The Fairhope Arts and Crafts Festival and the Food Court Committee express appreciation for your participation in the 2016 Arts & Craft Show. In an effort to improve the coordination and the service of participants you are reminded to provide the following information

- When submitting the 2017 application please include current photographs of your booth and/or trailer.
- Measure the length of the booth and/or trailer and ensure that you include the length of the tongue in

the overall length submitted (This is important to ensure that we have added space for all vendors).

- Indicate if the tongue is on the right or left hand side as you face the serving side of the trailer.
- Food Court Vendors may stay open until 7:00 pm on Friday and Saturday nights.
- Please take steps to put down plastic around areas where grease can be spilled and ensure that all grease containers are removed from your space.

- As a reminder, once notified that you have been accepted to the show, your checks will be deposited within five (5) business days.

- **Please see the new form required by the Health Department. Form must be submitted 3 weeks prior to event.**

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
APPLICATION FOR A PERMIT TO OPERATE**



PLEASE PRINT LEGIBLY

DATE: _____, 20____ COUNTY _____

LEGAL NAME of Establishment: _____
Include DBA if other than Legal name

Physical Address of Establishment: _____

City / Town: _____ Zip Code _____ Phone Number: _____

Applicant Business Structure is a (check one):

- Corporation
 Limited Liability Corporation (LLC)
 Partnership
 **Individual / Sole Proprietorship
 Nonprofit Corporation

****For Individual / Sole Proprietorship only:** Number of Employees NOT Including Yourself _____

- Municipality
 County
 State
 Joint City / County
 Other: _____

NAME of OWNER / Proprietor: _____

Mailing Address (if different): _____

MANAGER'S NAME: _____ Telephone Number: _____

- Smoking Preference: _____ GREASE Disposal Method _____
 Smoking
 Non-Smoking
 Designated Smoking
 Grease Disposal Method Approved?: Yes No N/A

TYPE of PERMIT - CHECK ONE:

- | | |
|--|--|
| <input type="checkbox"/> Food Service Establishment / Catering / Schools | <input type="checkbox"/> Retail Food Store |
| <input type="checkbox"/> Limited Food Service Establishment | <input type="checkbox"/> Mobile Food Establishment
<small>(Plan of Operations Attached)</small> |
| <input type="checkbox"/> Temporary Food Service Establishment | <input type="checkbox"/> Limited Retail Store |
| <input type="checkbox"/> Food Processing Establishment | <input type="checkbox"/> Camp : Type
<input type="checkbox"/> Day <input type="checkbox"/> Resident |
| <input type="checkbox"/> Hotel - Number of Rental Units _____ | <input type="checkbox"/> Swimming Pools
<input type="checkbox"/> Yes <input type="checkbox"/> No |

I hereby certify that the above statements are true and correct, and I (we) agree to comply with all of the provisions of the State Board of Health Rules, and hereby authorize the County Health Officer, the State Health Officer, or their representatives to enter upon the premises of the above named establishment for inspection purposes.

SIGNED: _____

PRINT: _____ TITLE: _____

FOR OFFICIAL USE ONLY		
US Citizenship Verified ?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Are products from this establishment distributed in intercounty commerce?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Application Approved By: _____	Date: _____	PERMIT Number Issued: _____
Local Health Department: _____	Date: _____	ISSUE DATE: _____
If Applicable: Fee Code: _____ Client Number: _____	Receipt Number: _____	EXPIRATION DATE: _____
Fee Amount: _____	Fee Paid: _____	

Application for Temporary Concession Food Permit

*** Applications for temporary events shall be submitted three (3) weeks prior to event start. Drawing of setup and equipment must accompany application. **Applications received after deadline may be denied.**

Date _____, 20_____
Name of Establishment: _____
Name of Event: _____
Event Location: _____
Date(s) of Event: _____ Time of Event: _____

Owner Information

Owner Name: _____
Owner Address: _____
Owner Home Phone: _____ Owner Fax: _____
Owner Mobile Phone: _____

Type of setup: Mobile Trailer _____ Tent: _____
Water Source: Provided: _____ Carried to Event: _____
Sewage Disposal: Provided: _____ Self Disposal: _____ How Disposed? _____

Menu Information

List all items to be sold at event:

I hereby certify that the above statements are true and correct and I (we) agree to comply with all of the provisions of the State Board of Health Rules, and hereby authorize the County Health Officer, the State Health Officer, or their representatives to enter upon the premises of the above named establishment for inspection purposes.

Signed _____
Title _____

For Health Department Use Only

Application Approved With Special Conditions _____
 Application DENIED because: _____
Application Approved By _____ Permit Number Issued _____
Date Permit Effective _____ Date Permit Issued _____ Date Permit Expires _____