

**VENDOR PRICING AND INFORMATION  
ALL VENDORS MUST HAVE:**

**Insurance** – Provide a certificate of insurance (\$1,000,000.00 liability) with the Colorado River Fair – 54<sup>th</sup> DAA listed as additional insured. If you wish for us to obtain insurance for you please notify us. For our 2020 insurance rates please contact our office at 760-922-3247.

**California State Board of Equalization Seller's Permit** – Please attach a copy to your paperwork. Required only if you are selling. No City of Blythe Transient Business License required.

Each contracted Vendor will receive two vendor passes daily and food vendors will receive one delivery pass daily. Additional passes may be purchased @ \$5.00 per day per person.

**Types of Vendors**

**Commercial vendors:** Under the Tent. The price is for the duration of the Fair. Each 10'x10' space in the tent has a roof, an 8' back wall and two 8' side walls. The fourth side of the space is open to the public. You will need to provide something to secure the front of your space, each night after the close of business. The Colorado River Fair is not responsible for theft or damaged items. A 110 volt electricity hook up is included in the price. Please note if you overload your space and blow breakers we will come and unplug the necessary cords to accommodate the circuit and you will not be allowed to plug in anything we remove. Each 10'x10' space = \$400.00

**Commercial Vendors with display trailers:** Vendors with 20' or more of storefront footage will pay 23% of the gross sales less sales tax with a minimum of \$730.00. You must have a cash register system capable of providing us with daily Z tapes and agree to comply with the Fair's daily audit system. Depth of space may be limited.

Store front footage 10'-20' \$400.00 minimum	_____	ft x \$30.00 =	_____
Store front footage 21' or more \$730 minimum	_____	ft x \$30.00 =	_____
Plus utility charge - \$100.00			= <u>\$100.00</u>

Total \_\_\_\_\_

**Commercial Food Vendors** – 23% of the Gross less sales tax with a minimum charge of \$400.00 plus \$100.00 utility charge. All food vendors must have a cash register system capable of providing us with daily Z tapes and comply with the Fair's daily audit procedures. Minimum is due as space fee. \$400.00 plus \$100.00 utility charge.

Z tapes are reconciled with vendors after Sunday night closing.

RV space dry camp only is \$10.00 a day. Space is very limited. Additional passes \$5.00 per day per person.

**ALL VENDORS MUST USE THIS SHEET**

**Priority Vendors** – Please include your deposit, your complete product list, and your menu if selling food products.

**Non-Priority Vendors** – Please submit your request with photos of your unit, a complete product list and a menu if selling food products. Non-priority vendors send no money at this time.

**All vendors** – Must list all products to be sold. All items must be approved by Fair Management.

BUSINESS NAME \_\_\_\_\_

BUSINESS OWNER/MANAGER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

Phone and e-mail: We must have your contact information. REQUIRED

DESCRIPTION OF PRODUCTS AND SERVICES (PLEASE BE SPECIFIC, ONLY ITEMS APPROVED MAY BE SOLD. YOU MAY ATTACH ADDITIONAL PAGES). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRICE RANGE: FROM \_\_\_\_\_ TO \_\_\_\_\_

**PAGE 1 OF 2 PAGES REQUIRED FOR REQUEST TO BE PROCESSED.**

Please fill out all information requested:

Please see Vendor price and information sheet for correct Prices:

Type of space requested:

\_\_\_\_\_ Commercial in the tent. Size 10' x \_\_\_\_\_

\_\_\_\_\_ Commercial vendor with display trailer: size frontage \_\_\_\_\_ ft depth \_\_\_\_\_ ft

\_\_\_\_\_ Food vendor space: size frontage \_\_\_\_\_ ft

Space Fee.....\$ \_\_\_\_\_

Utility charge (Food vendors & Commercial with trailer only)....\$ 100.00 \_\_\_\_\_

CFSA Insurance (if you have CFSA please write in your #).....\$ \_\_\_\_\_

RV space (very limited number available).....\$ \_\_\_\_\_

Additional passes are available for purchase at our office when you check in.

Total amount due \$ \_\_\_\_\_

Priority Vendors – ½ due by January 2, 2020 \$ \_\_\_\_\_ please make note of this date.

Balance due by February 1, 2020. Late payment will result in termination of your contract.

Please remit both pages of “Vendor Request for space” and deposit if applicable (priority vendors). If you are a non-priority vendor do not send a deposit until you are contacted. Fill in all information and mail these pages with required photos as soon as possible so that we will have it available if we have an opening for you.

Mail to:

Colorado River Fair  
591 N. Olive Lake Blvd.  
Blythe, CA 92225

Phone: 760-922-3247

Fax: 760-922-6196

**Page 2 of 2 – Pages required for request to be processed.**



COUNTY OF RIVERSIDE  
DEPARTMENT OF ENVIRONMENTAL HEALTH

COMMUNITY EVENT TEMPORARY FOOD FACILITY  
OPERATOR'S AGREEMENT FORM

Name of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Dates and Times of Event: \_\_\_\_\_

Event Start Time: \_\_\_\_\_

Name of Food Facility: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Name of Person in Charge: \_\_\_\_\_

Check One:             Booth                             Mobile Food Facility

If booth, describe enclosure: \_\_\_\_\_

Food and beverage to be served: \_\_\_\_\_

Where will food be prepared: \_\_\_\_\_

How will food/beverage be prepared and served: \_\_\_\_\_

List of cooking equipment: (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Oven, # of units:        | <input type="checkbox"/> Vertical Broiler, # of units: |
| <input type="checkbox"/> Fryer, # of units:       | <input type="checkbox"/> BBQ, # of units:              |
| <input type="checkbox"/> Flat grill, # of units:  | <input type="checkbox"/> Stove or Range, # of units:   |
| <input type="checkbox"/> Other (please describe): |  |

Fire extinguisher?  Yes             No (Check with city/county fire department for rating)

How will cooking equipment be ventilated? \_\_\_\_\_

How will food be held hot (above 135°F)? \_\_\_\_\_

How will food be held cold (below 45°F)? \_\_\_\_\_

How will temperatures be monitored? \_\_\_\_\_

Describe hand wash setup:

Describe utensil wash setup:

What type of sanitizer will you be using?  Chlorine (100ppm, soak 30 seconds)  
 Quaternary Ammonia (200ppm, soak 60 seconds)

Do you have test strips to monitor the sanitizer concentration?  Yes  No

Will any food or equipment be stored outside of booth or mobile food facility?  Yes  No

If yes, how will food be dispensed, stored and protected; how will equipment be stored and protected?

**I agree to adhere to the following requirements to operate at said event:**

- Name of facility, city, state, zip code, and name of the operator shall be legible and clearly visible to patrons.
- Hand washing facilities shall be provided at operations handling any open food. Hand washing facilities shall be properly stocked and used as often as necessary to keep hands clean and protect food from cross-contamination. **Note: gloves and/or hand sanitizer are not approved replacements for hand washing.**
- All food and beverage items will be stored, displayed, prepared/ processed at an approved facility.  
If applicable: Cottage Food Operation Name: \_\_\_\_\_

Permit/ Registration Number: \_\_\_\_\_

- Cold and hot holding equipment shall be provided to ensure proper temperature control during transportation, storage, and operation of the temporary food facility.
- All potentially hazardous foods will be held at or below 45°F or at or above 135°F. At the end of the operating day, any foods held above 41°F shall be disposed of. Thermometers shall be provided to monitor temperatures.
- Ice is considered a food and shall remain off the ground, stored in clean sanitized food grade containers and properly dispensed by operator of the temporary food facility or in approved bulk dispensing unit(s).
- All equipment shall be maintained in a clean and sanitary condition.
- Equipment shall be washed in hot (minimum100°F) soapy water, rinsed and sanitized either in a 3-compartment ware washing sink or 3-bucket system as approved by this department depending on length of event. Sanitizer testing equipment shall be on-site to measure concentration of sanitizer.
- Operations handling any open food must provide **completely enclosed booths**. Contact this department prior to event for approval of an alternative food protection means.

- Significant changes of menu items shall be discussed and approved by this Department prior to event.

I understand these requirements and agree to operate in a manner to protect public health and food from possible contamination.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone Number Day of Event: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE FAX TO AREA OFFICE PRIOR TO EVENT**

<b>Riverside</b> (951) 358-5017	<b>Hemet</b> (951) 766-7874	<b>Corona</b> (951) 520-8319	<b>Murrieta</b> (951) 461-0245	<b>Indio</b> (760) 863-8303	<b>Palm Springs</b> (760) 320-1470
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**For Office Use Only**

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: