



**KANSAS CITY
BARBEQUE
★ SOCIETY ★**

**King of the County BBQ Festival
People's Choice Ribs Application
Saturday, June 16, 2018**

ENTRY FORMS ARE DUE BY MAY 11, 2018

TEAM CONTACT INFORMATION (Please print clearly)	
Team Name:	
Head Cook:	Head Cook Phone Number #
Mailing Address, City & Zip	Email Address:

Categories: Must compete in BOTH chicken and rib categories per KCBS rules and regulations for Backyard Sanctioned Contest

- I acknowledge I am required to barbecue BOTH **CHICKEN and RIBS**
- Chef's Choice (Anything but chicken or ribs. Examples include desserts, sides, etc.) All entries must be made on this form.
- I understand I am required to purchase a minimum of 12 racks of ribs
Note: The festival organizer will be selling individual rib/chicken tickets for \$3 per ticket which will be split 60/40 with the competitor. Each competitor will receive a ticket collection bin. At the end of the festival, the competitor is responsible for submitting their ticket collection bin to the festival organizer.
- FOOD SERVING TENT:** Competitors are required to have a food serving booth compliant to CCC Health Department requirements for Temporary Food Facilities. This can be rented from the festival organizer for \$115. (includes 10x10 canopy with mesh sidewalls and serving window. YOU ARE RESPONSIBLE FOR PROVIDING A CLEANABLE FLOORING SURFACE FOR YOUR TENT i.e. clean tarp.) Check the box if you need to rent the food serving tent. Please read the Food Booth Operator Checklist CAREFULLY. Competitors must provide all other required equipment and supplies.
- I understand I am required to pay the Contra Costa County Vendor Health Permit fee of \$110.
- I acknowledge I have read the Contra Costa County requirements for Temporary Food Facilities and fully understand the requirements to meet health code inspection.

PAYMENT: Make check payable to: Martinez Chamber of Commerce. Payment and the Temporary Food Facility Operator Form must accompany this completed application. Grand prize winner will be required to submit completed W-9 form. Incomplete applications will NOT be accepted.

Entry \$100	\$ _____
Booth Space \$50 (20x20)	\$ _____
Food Serving Tent \$115	\$ _____
Health Permit \$110	\$ _____
Chef's Choice \$25	\$ _____
TOTAL DUE:	\$ _____

Please read the KCBS Rules & Regulations.

Waiver of Liability

Martinez Chamber of Commerce, KCBS, East Bay Regional Park District (EBRPD) including its officers, sponsors and/or associates and the contestants, including parents, and/or legal representatives, agree that the Martinez Chamber of Commerce, KCBS, EBRPD will in no case be responsible for any loss, damage, or injury regardless of how much loss, damage, or injury is occasioned, and indemnify and save harmless the Martinez Chamber of Commerce, KCBS, EBRPD from any and all claims, suits, and/or judgements including the cost for defense of and such claim and/or suit by the Martinez Chamber of Commerce, KCBS, EBRPD brought by anyone as a result of any loss, damage, or injury to any person or property, occasioned by any action or inaction of contestant, either solely or in conjunction with the Martinez Chamber of Commerce, KCBS, EBRPD. Further, I hereby grant full permission to the Martinez Chamber of Commerce, KCBS, EBRPD and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings or any other record of the event for any legitimate purpose. I have read and agree to abide by the rules governing the BBQ cook-off.

SIGNATURE: _____ DATE: _____

To be Completed by **each** Food Booth/Truck Operator and submitted to Event Coordinator

TEMPORARY FOOD FACILITY OPERATOR INFORMATION		
NAME OF EVENT:	DATE(S):	TIME(S):
LOCATION:	ONSITE CONTACT PERSON:	
NAME OF BOOTH, ORGANIZATION OR COMPANY:	Truck License #	PHONE #:
MAILING ADDRESS, CITY & ZIP OF BOOTH OPERATOR:	EMAIL ADDRESS OF BOOTH OPERATOR:	
TYPE: <input type="checkbox"/> For profit <input type="checkbox"/> Non-profit <input type="checkbox"/> Veteran Exempt <input type="checkbox"/> C.C.County Food Truck <input type="checkbox"/> Out of County Vendor/ Food Truck - provide home county health permit CFO		

List food /beverage to be sold or given away:
(including beverages, condiments & ice)

Source(s) of all food/beverages purchased/ prepared: e.g. *Restaurante Caterer, Cottage Food Operation, Costco, Winco, Market, etc*

Type of cooking equipment to be used:
(e.g. *barbeques, fryers, griddles, etc.*)

Food Booth Operator Checklist

All food must be from an approved source or facility.

- | | | |
|----|---|--|
| 1. | I understand I can not prepare food/beverages at home. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | I am preparing all foods on-site. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | I am preparing approved foods in my CC County registered/permited Cottage Food Operation. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | I am preparing all foods in an approved commercial facility. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Name & address of commercial facility: _____

- | | | |
|----|--|--|
| 5. | All food/beverages will be prepackaged and no food preparation will be conducted in the booth | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | I will provide an accurate probe thermometer to measure the hot and cold holding of potentially hazardous foods during all times of booth operation. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I am providing the following minimum handwashing facilities:

- | | | |
|-----|---|--|
| 7. | Water supply dispenser (5-10 gallons) with hands free spigot.
(Any booth with open food or food preparation will be required to have water temperature of 100°F for handwashing. Prepackaged food/beverage booths do not need 100°F water for handwashing) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | One separate tub (bucket or basin) for the collection of rinse/waste water. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | Pump-style soap container (or squeeze type). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. | Paper towels and trash receptacle. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I am providing the following items within my booth for the sanitary cleaning of food preparation utensils:

- | | | |
|-----|---|--|
| 11. | Three (3) deep tubs (basin 6 – 8 inches minimum); one with detergent & water, the second with clean rinse water and the third with sanitizing solution. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----|---|--|

I am protecting the unpackaged food and food preparation areas from insects, dust, and the public by the following method:

- | | | |
|-----|---|--|
| 12. | A booth with walls and ceiling constructed either of wood, canvas, plastic, or similar material with fine mesh fly screening, completely enclosing open food areas. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. | A booth with cleanable flooring (concrete, asphalt, clean tarps and smooth wood are acceptable). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. | Overhead protection and approved floor cover because I am selling prepackaged food/ beverages only. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I have read the handout on Requirements for Temporary Food Facilities and will follow the guidelines provided in this handout.

Completed by (signature): _____ Date: _____

Please print name: _____

Event Coordinator: _____ Date: _____