



2019 BBQ CHALLENGE PARTICIPANT APPLICATION

www.countybbq.com

DATE: Sat. Jun. 15 & Sun. Jun. 16
EVENT TIME: 11:00 a.m. – 6:00 p.m.
SET UP TIME: 7:00 a.m. to 9:30 a.m.
COMPETITION TURN IN TIMES: See Rules & Regulations
AWARDS: 4:00 p.m. (Each day)

NO EARLY BIRDS!!

LOCATION: **Martinez Waterfront Park**
SET UP FEE: \$50 per entry, includes 10' x 10' space and one (1) BBQ entry. Additional 10' x 10' spaces are \$50 each
ENTRY: Chicken, Ribs or Chef's Choice Please refer to the rules for definition

PARTICIPANT NAME (Please print) _____ TEAM NAME * Please refer to the attached Rules and Regulations for details. _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

THIS EVENT WILL BE HELD RAIN OR SHINE. NO REFUNDS!

NOTE: Please be advised there will be no selling of samples or giving samples away to the general public. This can be considered grounds for dismissal from the event and disqualification from the competition. Please initial _____

I understand that neither the Martinez Chamber of Commerce, sponsoring organizations, city nor owner/managers of the show site are responsible for lost, stolen or damaged equipment or merchandise or accident/injury to me or my staff and do hold harmless any of the above individuals or businesses for any and all liability.

Printed Name _____ Signature _____ Date _____

Saturday, June 15	Ribs \$50 <input type="checkbox"/>	Chicken \$50 <input type="checkbox"/>	Chef's Choice \$50 <input type="checkbox"/>
Sunday, June 16	Ribs \$50 <input type="checkbox"/>	Chicken \$50 <input type="checkbox"/>	Chef's Choice \$50 <input type="checkbox"/>

Enter Total Due:

PAYMENT INFORMATION

Payment can be made by check, money order, cashier's check or credit card. Payment will be processed upon acceptance. **Please make checks payable to the Martinez Chamber of Commerce.**

_____ I have enclosed a check in the amount of \$ _____

_____ Please charge my credit card in the amount of \$ _____

_____ MasterCard

_____ Visa

CARD NUMBER _____ CVS CODE _____ EXPIRATION _____

CARDHOLDER SIGNATURE _____ Zip Code _____

COMPLETED APPLICATIONS, PAGE 4 OF FIRE PERMIT AND PAYMENT MUST BE RECEIVED BY JUNE 7, 2019.

A \$50 LATE FEE WILL BE ASSESSED IF RECEIVED AFTER June 7, 2019.

QUESTIONS? Please contact us at (925) 228-2345 or info@martinezchamber.com

603 Marina Vista, Martinez, CA 94553

FAX (925) 228-2356

www.MartinezChamber.com

THANK YOU FOR YOUR PARTICIPATION!

Contra Costa County  *Fire Protection District*

Fire Chief
KEITH RICHTER

FOOD VENDOR OPERATIONS PERMIT APPLICATION

EVENT: _____ Date(s): _____

Vendor Sponsor: _____ Vendor # _____

Vendor Operator: _____ Telephone # _____

Responsible Person: _____ Telephone # _____

Dates and Hours of Food Vendor Operations: _____

Type(s) of Food Being Served: _____

Generator Fuel Type: _____

Cooking Appliances (OPEN FLAMES SHALL BE AT LEAST FIVE FEET (5') OUTSIDE AND AWAY FROM TENTS/BOOTHs):

Type of appliance/cooker: Bar-B-Q / Deep Fat Fryer/ Wok / Skillet/Hot plate
(circle all that applies)

Fuel type: Charcoal / Wood / Electrical / LPG
(circle one)

ATTACH ANY QUALIFYING DOCUMENTS TO USE APPLICATION!

I HAVE READ AND UNDERSTAND THE ATTACHED Food Operations requirements and agree to abide by all conditions required by the Fire District. A copy of this permit application shall be posted within the tent, canopy or booth or otherwise be available for the Fire District to sign.

I further understand there will be no exceptions or modifications to these requirements the day of the event. Any questions or requests regarding exceptions or modifications must be submitted with supporting documentation at time of Permit Application to the Fire Prevention Bureau a minimum, 3-weeks prior to the event. A copy of this permit application shall be provided to the event organizer.

Responsible Person _____ Date _____

For further information please call the Fire District at (925) 941-3300
2010 Geary Road, Pleasant Hill, California 94523 – (925) 941-3300 – FAX (925) 941-3309