



# 2022 SNACK FOOD VENDOR APPLICATION

## King of the County BBQ Challenge & Music Festival

Saturday June 18, 2022 10 am to 6 pm  
 Sunday June 19, 2022 10 am to 5 pm  
 10' x 10' Space \$350 -or- 10' Corner \$400  
 Health Department Fee (additional) \$120

**Martinez Waterfront Park**

*If your food is made or packaged outside of Contra Costa County, please attach the following: Restaurants and Caterers provide your Home County Health Permit. All others, provide a State Certificate as a Food Producer. If you have a food truck/trailer, provide a Trailer Health Certificate.*  
**PLEASE PRINT**

EXHIBITOR NAME		BUSINESS NAME	
MAILING ADDRESS		CITY	STATE
HOME PHONE		CELL PHONE	FAX NUMBER
EMAIL		WEBSITE	CALIFORNIA RESALE LICENSE #
MERCHANDISE TO BE SOLD			
VEHICLE LICENSE PLATE NO		VEHICLE TYPE AND COLOR	

*I understand that neither the Martinez Chamber of Commerce, sponsoring organizations, city or 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. This is a family oriented event and all merchandise and signage should be appropriate for such an event.*

**THIS EVENT IS HELD RAIN OR SHINE. NO REFUNDS**

EXHIBITOR SIGNATURE	(MUST BE SIGNED TO BE ACCEPTED)	DATE
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**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 \_\_\_\_\_.

\_\_\_\_\_ Please charge my credit card in the amount of \_\_\_\_\_.

\_\_\_\_\_ MasterCard

\_\_\_\_\_ Visa

CARD NUMBER	CVS CODE	EXPIRATION
ZIP CODE _____		
CARDHOLDER SIGNATURE		

**MAIL COMPLETED APPLICATIONS BY MAY 01, 2022. A \$50 LATE FEE WILL BE ASSESSED IF MAILED AFTER MAY 01, 2022**  
**FINAL DEADLINE – MAY 13, 2022 \* Please make sure to include all permits, State Certificate or Trailer Health Permit**

QUESTIONS? Please contact us at (925) 228-2345 or [info@martinezchamber.com](mailto:info@martinezchamber.com)  
 603 Marina Vista, Martinez, CA 94553 FAX (925) 228-2356 [www.MartinezChamber.com](http://www.MartinezChamber.com)

**THANK YOU FOR YOUR PARTICIPATION!**

To be Completed by EACH Food/Beverage Booth/Truck Vendor/Operator and submitted to Event Coordinator

<b>VENDOR/OPERATOR INFORMATION</b>		
Name of Event:	Date S):	Event Set Up Time (S):
Event Location:	On Site Contact Person:	
Name of Booth, Organization or Company:	Mobil Food Truck License #	On Site Phone#:
Mailing address, City, Zip of Vendor/Operator:	E-mail address of Vendor/Operator:	
TYPE: <input type="checkbox"/> For profit <input checked="" 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 <input type="checkbox"/> CFO		

**Type of all food/beverage to be sold or given away:** (Include beverages, ice, condiments, or attach a menu).

**Source(s) of all food/beverages purchased/prepared:** Name of Restaurant, Caterer, Cottage Food Operator, BevMo, Cosco, Safeway, etc.

**Type of holding/cooking equipment to be used:** (i.e: ice chest, barbeques, fryers, chafing dishes, steam table, etc.)

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Checklist Completed by Food/Beverage Booth Vendor/Operator**

**Pre Packaged Food/Beverages Only**

All food/beverages will be prepackaged and no food preparation will be conducted in the booth.

Overhead protection and approved floor cover will be on site because I am selling prepackaged food/beverages only. Yes  No

**Non Pre Packaged Food/Beverages**

- |  |  |
|--|--|
| 1. I understand I <b>can not</b> prepare food/beverages at home.   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. I am preparing <b>all food/beverages on-site</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. I am preparing all food/beverages in an approved commissary/production kitchen.   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Name & address of commissary/production kitchen: _____  |  |
| 5. I am preparing approved foods in my CC County registered/permitted Cottage Food Operation ( <i>attach permit copy</i> ).                            | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. I will provide an accurate probe thermometer to measure the hot and cold holding of potentially hazardous food during all times of booth operation. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**I am providing the following minimum hand washing facilities:**

- |   |  |
|---|--|
| 7. Water supply dispenser (5-10 gallons) with hands free spigot.  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Booths with open food/beverage preparation will be required to have water temperature of 100°F for hand washing. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. One separate tub (bucket or basin) for collection of rinse/waste water.  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10. Pump style soap container.  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11. Paper towels & trash receptacle.  | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

- |   |  |
|---|--|
| 12. Three (3) compartment container (basin 6-8 inches minimum); (1) Detergent & Water, (2) Clean rise water (3) Appropriate sanitizing solution, 4) Test strips for checking sanitizer. <i>See page 4</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|--|

**I am protecting the non pre packaged food/beverage preparation areas from insects, dust, and the public by the following method:**

- |   |  |
|---|--|
| 12. A booth with walls and ceiling constructed either of wood, canvas or other approved materials with fine mesh fly screening, completely enclosing open food areas. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 13. A booth with cleanable flooring (concrete, asphalt, tight wood or other similar cleanable material are acceptable).   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 14. Food/beverage supplies will be stored at least 6 inches off the ground.   | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**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: \_\_\_\_\_