



Downtown Business Council of Chambersburg

159 South Main St, Chambersburg, PA 17201, 717-261-0072

ChambersburgEvents@outlook.com

## **Downtown Business Council of Chambersburg**

### **Christmas Parade November 23, 2019**

#### **FOOD VENDOR CONTRACT**

VENDOR FEES: \$100 per 20x10 parking space, includes temporary license \$50 if you have a mobile license for this event

A check or money order for the space fee, made payable to Downtown Business Council (DBC), must accompany this signed contract and must be postmarked by November 8, 2019. There is a \$30.00 service charge for returned checks. Please include a check payable to PMCA for \$50 with the PMCA application if you do not have a mobile license for this event.

#### **EVENT GUIDELINES FOR FOOD VENDORS**

The parade starts at 6:00, but crowds gather early. Vendors may set up beginning at 3:00pm in the parking spaces on the Central Presbyterian quadrant of the square. You must remain set up until Santa comes through the Square (approximately 7:30pm) and must be torn down by 8:00pm. 2. Display, inventory and other belongings may not exceed your rented booth space. Do not store or display food items on sidewalks, streets or in doorways. 3. Each vendor is responsible for depositing their own trash in the dumpster nearby, and must leave their space clean. Do not leave cardboard. Do not deposit ice, cooking oil, grease, ashes, charcoal, etc. in parking spaces, shrubby areas or down the storm drains. 4. A sign listing your menu items and their prices must be visible to customers. 5. Only items listed on your original application/contract may be sold. 6. Each vendor must have a current and valid Pennsylvania sales tax license and is responsible for collecting PA sales tax. Please visit [www.pa100.state.pa.us](http://www.pa100.state.pa.us) for information regarding sales tax. 7. The event will be held rain or shine; space fees are non-refundable. 8. The committee recommends that individual vendors have liability insurance, as the sponsoring organizations will not be held responsible for any loss or injury that may occur to participants. 9. The committee is not responsible for circumstances beyond its control. 10. Vendors who ignore these guidelines will not be accepted to future Downtown Business Council shows.

#### **APPLICATION RULES**

1. Incomplete contracts will not be considered. Please provide all information requested. 2. Food vendors must obtain a special event license from the local health department (application attached to email). Return this entire festival application, including PMCA application, along with your ServSafe certificate and check payable to DBC and check to PMCA. Your license will be mailed to you prior to the event. 3. **Application Deadline: November 8, 2019** 4. **Include a self-addressed stamped envelope for your temporary food license.** All other communications will be sent via email.

NEED HELP? Call 717-261-0072 or email [chambersburgevents@outlook.com](mailto:chambersburgevents@outlook.com)



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### 49<sup>th</sup> Annual Christmas Parade November 23, 2019

#### FOOD VENDOR CONTRACT

BUSINESS NAME \_\_\_\_\_ CONTACT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

1. Menu: List all items you will sell at the parade, with prices. Use back of this page if necessary:

\_\_\_\_\_

\_\_\_\_\_

2. I need electric hook-up YES \_\_\_ NO \_\_\_\_\_

3. Tent/Trailer Size \_\_\_\_\_ Please sketch your set-up with opening(s) on the back of this page, and include a photo of your set-up.

4. **Statement of Waiver: I hereby consent to the rules and regulations stated in the contract.**

**Through signing this contract, I verify that I both understand, and agree to follow all the rules set forth. I certify that all of the items being offered for sale have been homemade/prepared by me or my immediate employees. I also understand that if I am discovered selling food items that are not prepared by me, I will, as a result, not be invited to participate in future events. I do hereby agree to indemnify and hold harmless the Downtown Business Council of Chambersburg, Inc., the Borough of Chambersburg, and their respective officers, agents, members, and employees of any sponsoring organization and underwriters, individually, or collectively, from all fines, penalties, liabilities, losses, claims, damages, and expenses including court costs and attorney's fees incurred or suffered as a result or relating to my participation in the event known as 49th Annual Chambersburg Christmas Parade to be held on SATURDAY, November 23, 2019.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Application Checklist: Did you remember to...

\* Completely fill out and sign the festival contract, including the special event license on pages 3-7 if you do not have a yearly mobile license.

\* Include a check/money order for \$100 per event space, made payable to Downtown Business Council of Chambersburg (DBC)?

\* Include ServSafe Certificate

\* Include a self-addressed, stamped envelope for your food license and a legibly written email address for all other festival communications, including application receipt and space assignment?

Questions? Call 717-261-0072 or email [ChambersburgEvents@outlook.com](mailto:ChambersburgEvents@outlook.com)





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Tent will be erected (size \_\_\_\_\_ X \_\_\_\_\_)       Land Use & UCC Bldng. Permit Required

**SECTION 2:**

\_\_\_\_\_  
NAME of Business/Organization      Email Address

\_\_\_\_\_  
LOCATION/Address of Facility:      Street      City      State      Zip

\_\_\_\_\_  
MAILING ADDRESS (if other than Above) Street      City      State      Zip

\_\_\_\_\_  
Phone Number      Fax Number      Cell Phone Number

PROPRIETOR/OWNER TYPE:

- Non-Profit or Association
- Sole Proprietor       Corporation       Partnership
- Limited Liability Co. (LLC)       Limited Liability Partnership (LLP)

RESPONSIBLE OFFICIAL (If not the owner)

\_\_\_\_\_  
NAME (print)      Email Address

\_\_\_\_\_  
Responsible Officials Address:      Street      City      State      Zip

\_\_\_\_\_  
Phone Number      Fax Number      Cell Phone Number

**REFUSE: (Check all that apply)**

- We will be using a refuse/trash collector – Name of Company: \_\_\_\_\_
- List any other refuse/waste collection companies (ex: grease collection) \_\_\_\_\_
- This facility is a mobile unit and will use various approved refuse sites for disposal of refuse and waste.

Explain: \_\_\_\_\_

**Mobile Units/Structures/Tents:**



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Please describe your water supply to be used for this unit. Are you filling up from a municipal water supply? If so, who is that supplier? If you are using the water supply from an Event location, name the location (ABC Fairgrounds). If you are filling up your water supply tanks from a non-public supply such as a well, you must obtain a water test (Total Coliform and Nitrate/Nitrite) for that water supply. **You must provide a copy of that water test result with this application. Those utilizing the Event Sponsors water supply need not submit test results.** How large is your potable water supply in gallons? What type of water supply tanks are you using? See *Temporary License Guidelines* below.

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**SECTION 3: Zoning and other Codes**

- I have verified compliance with Borough Zoning requirements.
- I have verified compliance with All Building Code requirements (electrical, plumbing, ventilation, structural, etc.), where applicable.

**SECTION 4: FACILITY SERVICE INFORMATION**

**DAYS AND HOURS OF OPERATION**

If you are applying for a Sponsored Event/Festival, list the name of the Event, date(s), & **the specific hours your stand will be up and operating**. Please be VERY accurate with this timing. If the stand is not up and ready with the Temporary License and safeserve(*if applicable*) and hand washing facility prior to the health inspectors arrival you may be closed and/or charged an added fee if more time is required by the health inspector:

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If you are applying for a temporary license to operate from *one location for 14 calendar days or less*, whether a permanent structure or a mobile unit, list the dates which you plan on operating from a location and the location address and/or specifically where and when you will be selling for the 14 days of operation. Also include the specific hours of operation:

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If you travel to \_\_\_\_\_ events in the Borough of Chambersburg, which events do you attend that are greater than 3 days in length each calendar year? Give the location, dates and hours of operation also.

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**SECTION 5: FOODS TO BE SERVED AT EVENT (Clearly describe or attach Menu):**

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**Temporary Health License Specifics**

- 1.) All Temporary Health Licenses expire on December 31 of that issuance year, unless otherwise noted.
- 2.) A license is for that establishment, at that location, for that owner. They are not transferable. All changes from original application should be submitted to this office, in writing within 10 days.
- 3.) All temporary licensees must file an amended application before equipment changes, renovations or extensive menu changes (25% of menu). Changes are subject to approval of this office
- 4.) All temporary licenses are subject to formal and informal inspections at any time. The results of a formal inspection are public domain and may be provided in a public forum.
- 5.) All licenses are subject to suspension, revocation and administrative actions that may include prosecution for Food Code Violations which may result in financial penalties for failure to follow applicable laws, administrative rules & regulations and guidelines regarding food service and codes violations relating to the entire property-containing establishment. Your facility will be closed when the license is suspended or revoked.
- 6.) Please be attentive to all your responsibilities and duties related to this license. Cleanliness, proper temperatures, good employee supervision, and attention to compliance with the State Food Code is mandatory.
- 7.) History has shown us over the years applicants for temporary food vendors license routinely fail to have appropriate hand-washing facilities available during their hours of operation. Please make every attempt to know proper hand-washing techniques and have the necessary equipment available at all times.

**SECTION 6: FACILITY STRUCTURE**

The Applicant understands and agrees that this document is an application for licensure of a temporary retail food facility. The applicant understands and agrees that only a "proprietor" of a retail food facility may obtain a retail food facility license; and that a "proprietor" may be a person, partnership, association or corporation operating a retail food facility within the Commonwealth of Pennsylvania. The applicant verifies that it is the "proprietor" of the temporary retail food facility that is the subject of this application. I hereby acknowledge receipt of Health License Application Packet. I have thoroughly reviewed all information and have willingly completed the application form. I acknowledge that all the information is true and correct to the best of my knowledge and that I am an owner or authorized agent of the corporation. I understand that any falsification of this document will result in it being null and void. It is to be noted that submission of a false statement to a public official, pursuant to Section 4904 of Title 18 of the Pennsylvania Crimes Code, constituting a misdemeanor of the third degree offense, punishable by a fine and imprisonment of not more than one year.



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**FILL IN AND SIGN THE APPROPRIATE BLOCK**

- INDIVIDUAL PERSON       PARTNERSHIP       LLC

\_\_\_\_\_  
Signature of Owner / Agent      Position/Title      Date

\_\_\_\_\_  
Print Name      Email Address

\_\_\_\_\_  
Phone Number      Fax Number      Cell Phone Number

- Corporation or Association/Non-Profit Entity:

\_\_\_\_\_  
Signature of Assoc./Non Profit Entity      Position/Title      Date

\_\_\_\_\_  
Print Name      Email Address

\_\_\_\_\_  
Phone Number      Fax Number      Cell Phone Number

\_\_\_\_\_  
Signature of Secretary/Treasurer      Position/Title      Date