

## VENDOR FORM

Thank you for participating in our SIP & SAVOR Food and Wine Festival on April 12, 2025. Hosted by the BARSHEEP Rotary Clubs, this event benefits the RotaCare West Contra Costa Clinic, which provides free urgent and primary care for individuals and families. This signature event is the first of many more to make it a success for you and the community.

**Email this form, company logo, and brief 25-word description to  
 Maggie Alinsod (510-847-7401) [mggalinsod@gmail.com](mailto:mggalinsod@gmail.com)**

**Please submit by Feb. 10, 2025, to be included in print materials.  
 To secure your spot in the event, you must submit materials by Mar. 10, 2025**

Option to submit a Vendor e-form online at <https://sipandsavor.org>

**Business:**

<input type="checkbox"/> Full Service	<input type="checkbox"/> Food Truck	<input type="checkbox"/> Retail	<input type="checkbox"/> Winery	<input type="checkbox"/> Other:
<input type="checkbox"/> Caterer	<input type="checkbox"/> Bakery	<input type="checkbox"/> Beverage	<input type="checkbox"/> Brewery	

Contact: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Business Name: \_\_\_\_\_ Website: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Description of item(s) being served: \_\_\_\_\_

Special requests or accommodation: \_\_\_\_\_  
 Up to 2 representatives will be admitted to manage your donated product. They will have a badge pass. Please add their names below. Please contact Marty if you have any questions about additional participants.  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_

We will provide:	Vendors will provide:
<ul style="list-style-type: none"> <li>Two tables, one with linen, one for prepping</li> <li>Assist in unloading, break down, and clean up</li> <li>Water and ice</li> <li>Hand washing and utensils station</li> <li>A souvenir wine glass</li> <li>Two complimentary tickets for your guests</li> <li>Market your business in promotional materials</li> <li>NO COST to participate</li> </ul>	<ul style="list-style-type: none"> <li>Arrive between 10:00 am to 11:00 am. Some VIPs arrive at 10:30.</li> <li>Food/Beverage samples for at least 1000 samples.</li> <li>Small plates, single-used utensils, and napkins</li> <li>Trained staff covering booth from 11:00 am to 3:00 pm</li> <li>Food grade thermometer and equipment compliant with food safety guidelines</li> <li>Materials to promote your business available for guests</li> <li>Email or upload company photo and description ASAP to Maggie            - <a href="#">CLICK to UPLOAD HERE</a></li> </ul>

We appreciate your cooperation in using your booth's recyclable, compostable, or reusable items.

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**Vendors Agreement:**

Vendors must clean their spaces and remove all waste before leaving the event. They must bring the necessary items to set up their booths/tables. Vendors are expected to display professionalism and respect when dealing with guests. Vendors violating these agreements, harming participants, and compromising the organization's reputation will force BARSHEEP Rotary Clubs to exclude the affronting vendor from future events.

By submitting this form, you are signing all the above conditions as a general agreement and excluding BARSHEEP Rotary Clubs from liability.

**Owner/Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## VENDOR / OPERATOR INFORMATION

Name of Event :		Event Date (s):		Event Set Up Time (s):	
Event Location (address and city):				On Site Contact Person:	
Name of Vendor / Organization or Company:			Mobile Food Vehicle License Plate #		On Site Phone #:
Vendor Facility Commercial Kitchen or Commissary - Address, City and Zip				E-mail address of Vendor/Operator:	
For Profit    Non-profit - 501 c3 Copy    Vet-Exempt - DD214 Copy    Mobile Food Vehicle - Current Health Permit Copy    CFO - Current Health Permit Copy					

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, Kitchen, Cottage Food Operator, Costco, Grocery Store etc.*

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


### Checklist Completed by Food or Beverage Vendor / Operator

#### Pre Packaged Food/Beverages Only

All food/beverages will be prepackaged and no food preparation will be conducted in the booth.	Yes	No
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 can not prepare food/beverages at home.   | Yes | No                          |
| 2. I am preparing all food/beverages on-site  | Yes | No                          |
| 3. I am preparing and storing all food/beverages in an approved commissary/production kitchen (If Yes and out of county, attach Commercial/Production Kitchen Agmt). Production Kitchen Address _____ | Yes | No                          |
| 4. I am preparing approved foods in my CC County registered/permitted Cottage Food Operation <u>attach permit copy</u> .  | Yes | No <input type="checkbox"/> |
| 5. 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 | No                          |

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

- |   |     |    |
|---|-----|----|
| 6. Water supply dispenser (5-10 gallons) with hands free spigot.  | Yes | No |
| 7. Booths with open food/beverage preparation will be required to have water temperature of 100°F for hand washing. | Yes | No |
| 8. One separate tub (bucket or basin) for collection of rinse/waste water.  | Yes | No |
| 9. Pump style soap container.   | Yes | No |
| 10. Paper towels & trash receptacle.  | Yes | No |

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

- |   |     |    |
|---|-----|----|
| 11. 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 | No |
|---|-----|----|

#### *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 | No |
| 13. A booth with cleanable flooring (concrete, asphalt, tight wood or other similar cleanable material are acceptable).   | Yes | No |
| 14. Food/beverage supplies will be stored at least 6 inches off the ground.   | Yes | No |

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

Completed by (Vendor signature): _____	Date: _____
Please print Vendor name: _____	
Event Coordinator Signature: _____	Date: _____



**CONTRA COSTA  
ENVIRONMENTAL HEALTH DIVISION**  
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EMAIL: [cocoeh@cchealth.org](mailto:cocoeh@cchealth.org)  
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**COMMERCIAL/PRODUCTION KITCHEN AGREEMENT**  
FOR TEMPORARY FOOD EVENT VENDORS

**1. TO BE COMPLETED BY FOOD BOOTH OPERATOR**

Owner Name:	Food Booth Name:
Mailing Address (City, State, Zip):	
Telephone:	Email:

I hereby declare that the above information is current, true and correct to the best of my knowledge and agree to use the Commercial/Production Kitchen in accordance with the California Health and Safety Code.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**2. TO BE COMPLETED BY COMMERCIAL/PRODUCTION KITCHEN OWNER OR OPERATOR**

FACILITY CURRENTLY PERMITTED BY HEALTH DEPARTMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Commercial/Production Kitchen Name:		
Facility Address (City, State, Zip):		
Owner Name:	Phone:	Email:

I will provide the above-named food booth operator access to the following (if available):

- |   |  |
|---|--|
| <input type="checkbox"/> Hand washing facilities                | <input type="checkbox"/> Ice machine or cooling equipment      |
| <input type="checkbox"/> Food preparation area                  | <input type="checkbox"/> Potable water                         |
| <input type="checkbox"/> Food preparation sink                  | <input type="checkbox"/> Garbage and refuse disposal           |
| <input type="checkbox"/> 3-Compartment warewash sink            | <input type="checkbox"/> Dry food/equipment storage            |
| <input type="checkbox"/> Refrigeration/Freezer storage          | <input type="checkbox"/> Chemical storage                      |
| <input type="checkbox"/> Cooking equipment and ventilation hood | <input type="checkbox"/> Restroom with hand washing facilities |

**If Commercial/Production Kitchen holds a valid Environmental Health Permit to operate, include a copy of a valid health permit.** I certify that the business named in Section 1 is operating out of the above Commercial/Production Kitchen.

Owner/Manager Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**3. OUT OF COUNTY PRODUCTION KITCHEN (SIGNED BY AGENCY WITH JURISDICTION)**

The above listed Commercial/Production Kitchen is permitted in \_\_\_\_\_ County.  
The above checked (see section 2) requirements are available at the proposed Production Kitchen/approved facility.

**Include a copy of valid Environmental Health (EH) Permit and obtain a signature from an authorized EH inspector from that County.**

REHS Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**FOR OFFICE USE ONLY**

FA#:	PR#:	PE:	Received By:	Date Received:
REHS:			Date:	