## PATTERSON APRICOT FIESTA, INC. P.O. BOX 442 PATTERSON, CA 95363 (209) 892-3118 (209) 892-3388 FAX **2020**

# FOOD VENDOR APPLICATION/CONTRACT (Please Type or Print)

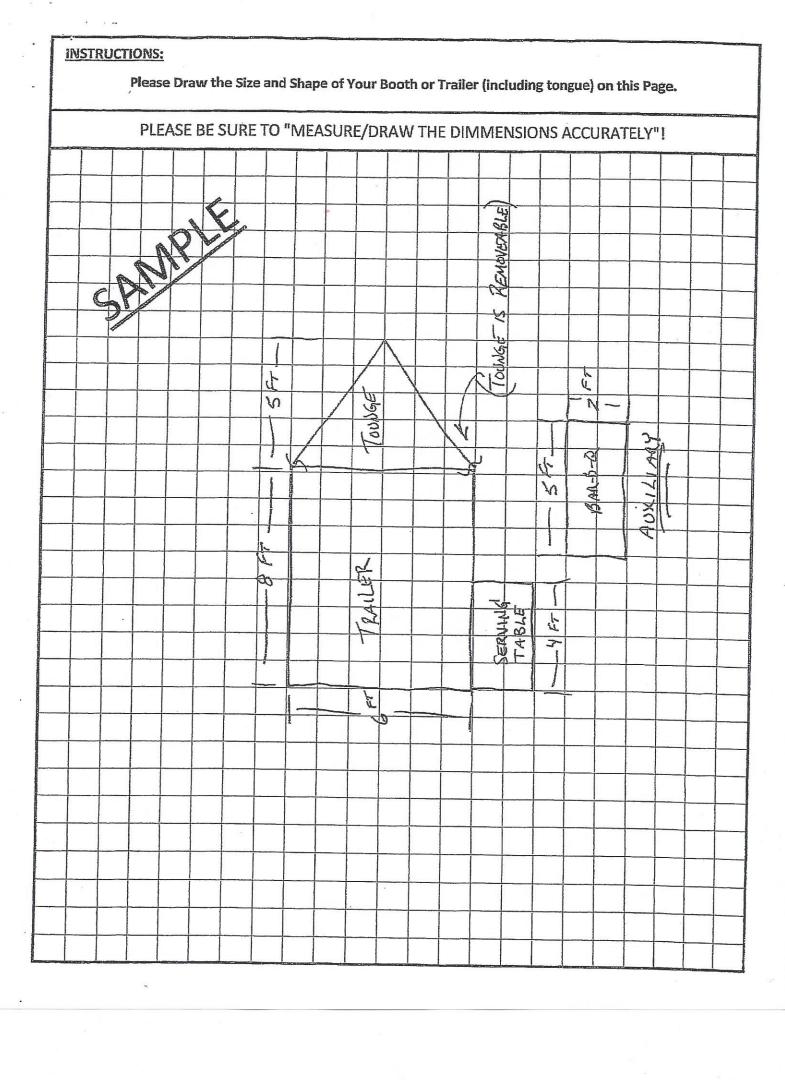
| Date:_ |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | 1. | Applicant Name/Organization:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|        | 2. | Answer the following questions that apply to you or your organization with an ( X ):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|        |    | * Mark One Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|        |    | Applicant is a <u>Local</u> (Patterson, Westley, Vernalis, Crows Landing) organization or individual.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        |    | Applicant is a Non-Local (outside those areas shown above) organization or individual.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|        |    | * Mark One Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|        |    | Applicant is a <u>profitable organization or individual</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|        |    | Applicant is a <u>non profitable organization or individual</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|        | 3. | Please list your current California Sellers Permit Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|        | 4. | Please list your California Sales Tax I.D. Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|        | 5. | You will need to provide your own booth/booths. The Fiesta will no longer be renting booths.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|        |    | Please send a picture of your booth with this completed application. What are the dimensions of your booth? Please include measurements of auxiliary BBQ units, tables, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|        |    | Booth Dimensions (including the tongue) ft. (width) by ft. (depth)ft (height-including signs). Auxiliary Units- dimensions ft (width) by ft.  * In the event an auxiliary unit is larger than 6' by 6' an additional booth space fee will apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|        | 6. | Please indicate if you will be needing electrical service Yes No 120 Volt, 20 Amp GFCI circuits are available for use/purchase by vendors (120 Volt Only) Vendors using the "Apricot Fiesta Power", are not permitted to remove, replace, or otherwise disable the Ground Fault Circuit Protection Device(s)(GFCI) provided by the Apricot Fiesta. Any damage to equipment caused by the use-of-that-power is solely responsible of the "vendor". If 120 Volt, 16 Amp continuous power is not enough; vendors are permitted to bring a "generator power source" with the understanding that "areas-of-use are restricted to specific locations "determined by the Apricot Fiesta Food Committee in order to maintain a safe and unobstrusive food-court environment. |

| Page 2<br>Vendor | Application/Contract                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |                                                 |                                                    |     |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------|----------------------------------------------------|-----|
| 7.               | Will you be using a generator?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes No                                   | j                                               |                                                    |     |
| 8.               | Please list all foods to be sold find Bar-B-Que chicken, or beer we wendors who only sell a drink profession your listed menu could result in the profession of the solution o | vill not be permit<br>roduct as their ma | ted in the food co<br>in menu item. Ple         | <b>ourt.</b> The only exceptions a                 | are |
|                  | Menu Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Contents/<br>Ingredients                 | Portion<br>Size                                 | Price                                              |     |
| a.               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                 |                                                    |     |
| b.               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                 |                                                    |     |
| C.               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                 |                                                    |     |
| d.               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                 |                                                    |     |
| e.               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                 |                                                    |     |
| f.               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                 |                                                    |     |
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|                  | The application fees are as foll                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ows:                                     | Single Space                                    | Double Space                                       |     |
|                  | Local Vendors Space Fee<br>Non-Local Vendors Space Fee<br>Electricity (GFI Unit)<br>Deposit for GFI Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          | \$ 450.00<br>\$ 850.00<br>\$ 60.00<br>\$ 100.00 | \$ 700.00<br>\$ 1,300.00<br>\$ 120.00<br>\$ 200.00 |     |
|                  | County Vendor Fee City of Patterson Business Lice City of Patterson Inspection Fe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | e                                        | \$ 50.00<br>\$ 30.00<br>\$ 50.00                | \$ 50.00<br>\$ 30.00<br>\$ 50.00                   |     |
|                  | * Non Profit Discount - Those or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ganizations which                        | are non-profit wil                              | be given a discount of \$10                        | 0   |

- \* The above fees are for Friday, Saturday, and Sunday. NO REFUNDS WILL BE GIVEN DUE TO INCLIMATE WEATHER OR EARLY CLOSURE OF YOUR BOOTH. IF YOU CANCEL PRIOR TO THE EVENT, THE PATTERSON APRICOT FIESTA WILL WITHOLD A \$300 CANCELATION FEE.
- 9. Vendors are required to provide the Patterson Apricot Fiesta, Inc. with proof of General Liability Coverage with combined single limits, with an endorsement naming the Patterson Apricot Fiesta, Inc., and the City of Patterson as additionally insured. Minimum Limits of Liability are \$1,000,000 Combined Single Limit of Commercial General Liability.
- 10. Applications will be reviewed as they are received. Your application will not be considered complete if you have not addressed the Patterson Apricot Fiesta, Inc. insurance requirements in #9 of this application form, and the City of Patterson Business/Worker Compensation Declaration pages.

|                                                                        | 11.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Required                                                                                      | Booth Fees:                                                                                                                                           | Please com                                                                                      | plete (see # 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(6                                        | Space Fee Electricity Fee ( GFI Unit Depos County Vendor City of Pattersor City of Pattersor SUBTOTAL NON PROFIT E                                    | it<br>Fee<br>n Business L<br>n Inspection                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$100.0<br>50.0<br>50.0<br>\$50.0<br>\$\$                                                                                                            | 00<br>00<br>00                                                                         |                                                                                                     |                                                                                      |                                                       |
|                                                                        | Fiesta, only ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Inc., P.O<br>cept cas                                                                         | is vendor app<br>. Box 442, Patt<br>hiers checks,<br>ECKS OR CON                                                                                      | terson, CA<br>money orde                                                                        | 95363, no la<br>ers, or Majo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ter than M<br>Credit Car                                                                                                                             | arch 15, 2<br>d payme                                                                  | 020. The                                                                                            | Apricot<br>s due. ( <u>N</u>                                                         | Fiesta will                                           |
|                                                                        | VISA/M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C: #                                                                                          |                                                                                                                                                       |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E                                                                                                                                                    | XPIRATI                                                                                | ON DATE                                                                                             |                                                                                      | - 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| Form to unders comply Environ to com  I, the ui Fiesta, that I m Commi | o particitand the with the nmental ply with ndersign lnc. as a lay sustittee, and lees, States, States | pate in the Vendor em. Upo Resource all the rendered, do he a Food Vendor Incolumn de Board I | on Apricot Fiest Patterson A Application/Con acceptance res "Requirements."  Hereby volunta endor. I do he cur while attenders of that ears, Promotes | apricot Fiest ontract and I will receiv ents for Ter REL rily submit ereby assum iding, or pane | ta, on May 2 Rules/Regule, and read reporary For EASE regular response full response f | 9 <sup>th</sup> , 30 <sup>th</sup> and<br>lations of<br>the Stanish<br>od Facilities<br>ion for the<br>ensibility fo<br>and I hereb<br>sta, Inc., th | d 31 <sup>st</sup> , 202 which I had aus Courts" and ag participater any and y waive a | 20. I fully<br>ave recei<br>nty Depar<br>ree<br>tion in th<br>I all dama<br>II claims<br>is, Office | agree w<br>ved a co<br>tment of<br>e Patters<br>age, injur<br>against t<br>rs Servai | ith and py, and will on Apricot ies or loses the nts, |
| Signatı                                                                | ure of Aı                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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1-1                                                                                         |                                                                                                                                                       |                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      | Butt                                                                                   | ***************************************                                                             |                                                                                      |                                                       |

Page 3 Vendor Application/Contract



**INSTRUCTIONS:** SEE SAMPLE ON BACK Please Draw the Size (Foot-Print) of Your Booth or Trailer (including the tongue) on this Page. (Please Measure Accurately, and Include any "Auxiliary Space" Needed) > Any Auxiliary (Larger Than 6 Ft. x 6 Ft.) Adds "Additional Booth Cost".

**Date** 

October 3, 2019

TO:

STANISLAUS COUNTY FOOD VENDORS

FROM:

**Alex Fontana** 

**ENVIRONMENTAL HEALTH SPECIALIST** 

RE:

2020 Patterson Apricot Fiesta

### **Dear Operators:**

We would appreciate your cooperation to make this year's event less stressful for all participants. Temporary Food Facility applications shall be completed by all vendors distributing food or beverages to the public and signed off by the event organizer. Failure to return the TFF application within two weeks of the event will result in late fees or denial of the TFF application.

Stanislaus County Environmental Health staff will be conducting inspections on **Friday May 29<sup>th</sup>**, **9:30a.m.** - **3p.m.** by appointment. It will be necessary to arrange for an opening inspection by calling **(209) 525-6700. Food facilities must be inspected prior to opening for business.** In past years, operators who were not ready at the time of their appointment have caused others to wait for the Inspection staff.

The expectation is for the facility to be ready for inspection by being completely cleaned, refrigerators and steam tables or warming units operational and maintaining proper temperatures.

Inspection fees are to be paid prior to inspection for vehicles/trailers only. We accept credit card payment too. Payment may be mailed or brought into the Accounting Office of Environmental Resources, 3800 Cornucopia Way, Suite C, Modesto, CA. 95358, prior to May 28<sup>th</sup>.

- If you are planning to operate at the **fiesta only**, your prorated fee is \$120.00 for each vehicle.
- 2. If you would like to **continue to operate in Stanislaus County** beyond the fiesta, an annual permit may be obtained for each vehicle. Please call for the rates.
- 3. The re-inspection fees begin at \$126.00, and escalates up to \$631.00
- Confirmed food facility complaints are \$116.00
- 5. Reopening after a Dept of Environmental Resources closure fee is \$232.00

To expedite your inspection, please have the inspection report from your last venue present for our review. All violations from your last inspection are to be corrected prior to permit approval.



# DEPARTMENT OF ENVIRONMENTAL RESOURCES

3800 Cornucopia Way, Suite C, Modesto, CA 95358-9492
Phone: 209.525.6700 • Fax: 209.525.6774
www.stancounty.com

#### D.E.R. Use Only **EMPORARY FOOD FACILITY** APPLICATION FOR PERMIT Illegible or incomplete applications may result in delay or denial of permit. ☐ Community Event Mark one box on the right for the ☐ Certified Farmer's Market type of event for which you are ☐ Swap Meet (Prepackaged applying. non-PHF only) Have you attended an event in this ☐ No ☐ Yes county within the last 12 months? Yes ☐ No PHF ☐ Pre-Packaged Event has only one food vendor? COMMUNITY EVENT INFORMATION Name of Event: Starting Date: End Date: Setup Date: Address: City: State: Zip: Organization: Phone: Event Contact Person: Phone: TEMPORARY FOOD FACILITY INFORMATION usiness Name: Operator Name: Name of the Booth / Vehicle / Cart: Primary Phone: Secondary Phone: Email Address: Address: City: State: Zip: Mailing Address: State: City: Zip: OFF-site prep: County: Address: City: State: Zip: ☐ Vehicle Lic Will you attend with a ☐ Canopy ☐ Booth ☐ Cart Permit Food vehicles must obtain their permit from DER prior to the event. If this vehicle has been permitted in another

- Food vehicles must obtain their permit from DER prior to the event. If this vehicle has been permitted in another county within the past 2 months, operator may submit the inspection report in lieu of the inspection.
- o For Veteran's Affair exemption, please attach a copy of form DD-214 to this application for permit.

| Will all food be prepared at the temporary food facility site?   What is the amount of time used to transfer the food to the event:   List all food items, including drinks, ice, and prepackaged foods such as candy.  Cooking Method (ex. fried, grilled, baked)  HOT or COLD?   Representation of the food holding with the following space provide a drawing of the food booth. Identify and describe all equipment, includent and washing facilities, dishwashing/lutensil-washing facilities, cooking, hot-holding and cold-holding equipment, prephibles, food storage, and garbage containers.  How many people will be working in the booth?   How many people will be working in the booth?   How many people will be working in the booth?   Described by temporary food facility at this event. If I fail to provide the required items during the operation time, it missulf in suspension/revocation of my permit, or further legal action.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Will all food and drin                       | nks served be prepackaged?                                                                      |                                                    | ☐ YES                                                 | □NO                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------|--|
| Food Item(s)  Cooking Method (ex. fried, grilled, baked)  Cooking Method (ex. fried, grilled, baked)  CoLD?  Name of EQUIPMENT used for hot or cold holding  Where is food purchased /obtains  Where is food purchased /obtains  CoLD?  Retch Sheet — In the following space provide a drawing of the food booth. Identify and describe all equipment, include and-washing facilities, dishwashing/lutensil-washing facilities, cooking, hot-holding and cold-holding equipment, prepatibles, food storage, and garbage containers.  How many people will be working in the booth?  have read the TFF guidelines and understand what is expected of me in ord operate my temporary food facility at this event. If I fail to provide the required items during the operation time, it me suit in suspension/revocation of my permit, or further legal action.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Will all food be prep                        | ared at the temporary food facili                                                               | ty site?                                           | YES                                                   | □NO                                                     |  |
| Food Item(s)  Cooking Method (ex. fried, grilled, baked)  COLD?  Name of EQUIPMENT used for hot or cold holding  Where is food purchased robtain  Where is food purch | What is the amount                           | of time used to transfer the food                                                               | minutes/hours                                      |                                                       |                                                         |  |
| Food Item(s)  (ex. fried, grilled, baked)  (e | List all                                     | food items, including drinks,                                                                   | ice, and prepa                                     | ckaged foods such as                                  | candy.                                                  |  |
| nd-washing facilities, dishwashing/utensil-washing facilities, cooking, hot-holding and cold-holding equipment, prepoles, food storage, and garbage containers.  How many people will be working in the booth?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Food Item(s)                                 |                                                                                                 | HOT or                                             | used for hot or cold                                  | T Where is food purchased /obtained                     |  |
| Id-washing facilities, dishwashing/utensil-washing facilities, cooking, hot-holding and cold-holding equipment, preples, food storage, and garbage containers.  How many people will be working in the booth?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                                                                                 |                                                    |                                                       |                                                         |  |
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| erator's Signature: Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | operate my temporar<br>ult in suspension/rev | , have read the<br>y food facility at this event. If I fa<br>ocation of my permit, or further I | TFF guideline<br>ail to provide th<br>egal action. | s and understand what is<br>e required items during t | s expected of me in order<br>the operation time, it may |  |
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# PATTERSON APRICOT FIESTA MAY 29<sup>th</sup>, 30<sup>th</sup> and 31<sup>st</sup>, 2020 RULES/REGULATIONS FOR FOOD VENDORS

#### THIS IS YOUR COPY:

- Booths are assigned according to guidelines set forth by the Patterson Apricot Fiesta, Inc. Board of Directors.
- 2. All Application forms, fees and insurance requirements outlined in item # 7 are due with the signed application no later than March 15, 2020. If this deadline is not met, the Fiesta Board may reassign your booth space to another vendor on the waiting list.
- 3. The \$100.00 GFI electrical hook-up deposit will be refunded within six weeks after its documented return to the Apricot Fiesta Office.
- 4. The area around each vendor's booth must be left in good condition.
- 5. Vendors <u>will not</u> be allowed to sell anything on the parade route unless they have a valid permit from the City of Patterson and the Patterson Apricot Fiesta, Inc.
- 6. Anyone dispensing paper products will be responsible for litter containers. The disposal of liquid biproducts (i.e., grease, cooking oil, etc.) within the City of Patterson is **prohibited**.
- Vendors are required to provide the Patterson Apricot Fiesta, Inc. with proof of General Liability Coverage with combined single limits, with an endorsement naming the Patterson Apricot Fiesta, Inc., and the City of Patterson as additionally insured. Minimum limits of Liability are \$1,000,000 Combined Single Limit of Commercial General Liability. Your application cannot be approved without the satisfaction of this requirement.
- 8. Each vendor is responsible for paying sales tax on items they sell.
- 9. The sale of bar-b-que chicken, drinks of any kind, or beer <u>will not</u> be permitted by any food vendor. The only exceptions are vendors who only sell a drink product as their main menu item.
- The consumption of, or use of, alcohol by vendors will not be permitted during vendor business hours.
- 11. Any food items <u>not listed</u> on the <u>original application</u> if offered for sale at the Apricot Fiesta, must be approved in writing by the Patterson Apricot Fiesta, Inc. <u>prior</u> to the Apricot Fiesta weekend.
- 12. Upon acceptance each food vendor will be required by the Stanislaus County Health Department to fill out and return all appropriate reports and permits. Please note that your food booth will be evaluated by a representative of the Apricot Fiesta. Additionally, at any time during the event/weekend, if any food vendor is perceived to be in a state of "non-compliance" (e.g. using rancid oil to deep fryer, etc) the Apricot Fiesta Food Committee can make a determination to "close the vendor's booth" until the situation has been resolved to the satisfaction of the Apricot Fiesta and/or the County Health Department. Each vendor's booth will be rated on appearance, cleanliness of booth, speed of service, quality and value of product being sold. The evaluations will be used to make necessary decisions during the Fiesta, and when reviewing your booth application for future consideration.
- 13. The County Health Department, and the Patterson Fire Department personnel will also be performing inspections. Those vendors who are not in compliance with the County's Health Codes, and the Patterson Fire Department Codes will not be allowed to continue their operation.
- 14. Once you have passed your inspections on Friday, May 29th, you may begin selling your products. The Fiesta requires that all vendors be ready to open for business no later than 5:00 p.m. on Friday, and 9:00 a.m. on Saturday and Sunday. In addition, all vendors are required to stop selling and close their booth no later than 11:00 p.m. on Friday, 8:00 p.m. on Saturday, and 5:00 p.m. on Sunday. Failure to meet these requirements will affect the review of your application for future Apricot Fiestas.

  Continued

- 15. All vendors are expected to be ready for inspection by the Stanislaus County Health Department on Friday, May 29<sup>th</sup> between 9:30 a.m. and 3:00 p.m., or by appointment. Vendors not ready for inspection during this time, run the risk of not being approved for participation in the Apricot Fiesta Food Court. Please see Environmental Health Specialist Memo attached.
- 16. All vendors using East Las Palmas Ave for access of booth set up or stocking of supplies are required to remove all vehicles from East Las Palmas Ave no later that 10:00 a.m., Friday, May 29<sup>th</sup>, After 10:00 a.m., Friday, May 29<sup>th</sup>, vendors will only be allowed to unload their booth materials/trailers using the South Salado Street entrance/access.
- 17. Patterson police officers will be on duty in the downtown/park area during the Fiesta. However, we encourage you not to leave valuable equipment, supplies, or merchandise in your booth. The Patterson Apricot Fiesta will not be responsible for lost or stolen merchandise, equipment, or supplies.
- 18. There will be ice available for sale throughout the Fiesta. The ice may be purchased through the Fiesta booth near the food booth area. Vendors are responsible for picking up ice they have purchased, deliveries will not be available.
- 19. In an effort to promote uniformity and create an aesthetically pleasing food booth area, the Fiesta REQUIRES that each vendor construct a professional looking sign. All vendor booth signs should be no smaller than 2' x 4'. An attractive sign can be an inexpensive way to promote sales and help create a "festive" atmosphere.
- 20. No refunds will be given due to inclimate weather or early closure of a vendor's booth. If you cancel prior to the event, the Patterson Apricot Fiesta will withold a \$300 cancellation fee.
- 21. Early closure of your booth is **not permitted**. Violation of this rule **will** affect the review of your application for future Apricot Fiestas.
- 22. All vendors must conduct themselves in a professional manner. Any vendors not complying with the Rules/Regulations of the Patterson Apricot Fiesta, Inc. and the laws and ordinances of the City of Patterson may face booth closure.
- 23. Acceptance as a Food Vendor will be dependant upon the completion/return of all required forms/permits.

Sincerely,

PATTERSON APRICOT FIESTA, INC.

Marilyn G. Hoopler Food Booth Chairperson/

Patterson Apricot Fiesta Administrative Assistant

(209) 892-3118

(209) 892-3388 (Fax)

John and Linda Young Don and Janelle Catalano Food Booth Committee