



OCTOBER 19TH, 2019 DOWNTOWN FRESNO

# FULTON

STREET PARTY

**Fulton Street Party Vendor Packet**

**Saturday, October 19**

**Downtown Fresno - Fulton Street**



[www.downtownfresno.org](http://www.downtownfresno.org)



## Application

All applications must be submitted by **Monday, September 23, 2019**. An application does not guarantee acceptance. All questions must be answered completely before we consider your business for the event. Incomplete applications will not be considered or returned. Please make sure to check your email regularly, as our office will follow up – if you've been approved as a vendor.

### PLEASE PRINT ALL INFORMATION

Craft/Retail Vendor

Food/Restaurant Vendor

Company Name: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How many employees (including yourself) will work in your booth? \_\_\_\_\_

CA Seller's Permit # \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

(Only if a nonprofit organization)

**Certificate of Insurance** is required, and to be submitted to DFP **no later** than **Monday, September 23 by 12pm (Noon)**. You will need to list City of Fresno and Downtown Fresno Partnership as additional insured (Two separate forms). An example can be found on **Page 8**.

**(\$50** Late fee will be applied to all late submissions of insurance.)

## **Participation Vendor Fee's**

**ALL** vendor fee's must be submitted to DPF's office on or before **Monday, September 23 by 12pm (Noon)**.

- Craft | **\$100**
- Downtown Craft | **\$50**
- Restaurant | **\$450**
- Downtown Restaurant | **\$150**
- Snack | **\$200**
- Downtown Snack | **\$50**
- Non-Profit | **\$200**
- PBID Non-Profit | **\$100**
- Corporate | **\$550**

**\*Each Food Vendor must provide a \$1 item in their menu for Taste of Fresno Participation \***

## **Booth Space**

Each vendor will be given a **10 X 10** booth space **ONLY**.

If there is a need for more booth space, you will need to purchase a separate booth. Vendors will be placed accordingly throughout the event footprint. Vendors will not be allowed to choose a specific spot to vend during the event.

- I will need an additional 10 X 10 booth space

(Please make sure to submit double payment)

## **Fulton Street Businesses**

\*If you are a Fulton Street PBID business, and would like to table outside of your storefront – please check this box  (You will be able to vend free of cost)

### **Canopy ( EZ up)**

Vendors must provide their own canopies. If you are need to rent a canopy please check the box below.

I will need a canopy (additional \$50 each 10x10)

### **Payment Types**

You may pay by cash, personal check or money order, square

**Make all payments payable to:**

***Downtown Fresno Partnership***

***845 Fulton Street***

***Fresno, CA 93721***

## Miscellaneous Requirements

CHECK ALL ITEMS THAT APPLY TO YOUR BOOTH

**USE OF MICROWAVES, MINI FRIDGES, AND HOT PLATES ARE STRICTLY PROHIBITED IN ANY BOOTH**

1. Will you be giving away any products? \_\_\_\_\_
2. Will you be selling any food/beverage products? \_\_\_\_\_
3. Will you be offering free food samples (Samples must be 2 ounces or less)? \_\_\_\_\_

(If you answered yes to #2 and #3, a health department application is required – **See Page 6 - 7**)

Please email to Tatevik Hovhannisyan at [tatevik@downtownfresno.org](mailto:tatevik@downtownfresno.org). For any questions contact (559) 490.9966 Ext. 221.

### Vendor Check List

(PLEASE CHECK OFF ITEMS ONCE YOU'VE COMPLETED THEM)

Due September 23, 2019	
Application Packet	
Health Department Form	
Vendor Booth Fee(s)	
Certificate of Insurance Form	
Other	

**REMINDER:** \$50.00 LATE FEE WILL BE CHARGED FOR EVERY FORM NOT TURNED IN ON TIME.

**Please email** to Tatevik Hovhannisyan at [tatevik@downtownfresno.org](mailto:tatevik@downtownfresno.org). For any questions contact (559) 490.9966 Ext. 221.



# County of Fresno

DEPARTMENT OF PUBLIC HEALTH  
DAVID POMAVILLE, DIRECTOR

## COMMUNITY EVENT FOOD VENDOR APPLICATION

**Directions:** Each food booth operator/vendor must complete and sign this Community Event Food Vendor Application and return it to the event organizer. The event organizer must submit all applications to this office at least **2 weeks prior to the event**. The event may be inspected based on a Risk Assessment. If the event is inspected, the event organizer will be charged the current fee per booth. For current fee amount, please contact us at 559-600-3357 or visit our website at <http://tinyurl.com/yf965e4>.

BOOTH / SPACE#

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**Beginning in 2012, reinspection fees will be charged for multiple reinspections due to uncorrected violations.**

<b>EVENT</b>	1. NAME OF EVENT		2. LOCATION OF EVENT	
	3. CITY	4. DATES OF OPERATION		5. HOURS OF OPERATION

<b>VENDOR</b>	6. VENDOR ORGANIZATION OR NAME OF FOOD BOOTH			7a. NUMBER OF FOOD BOOTHS	
	7b. ARE YOU OPERATING FROM ANY OF YOUR VEHICLE(S) THAT HAVE A CURRENT VEHICLE APPROVAL STICKER? <input type="checkbox"/> YES (GO TO #7C) <input type="checkbox"/> NO (GO TO #8)			7c. IF YOU MARKED YES TO 7B, THEN LIST VEHICLE LICENSE PLATE NUMBER(S) AND BUSINESS NAME	
	8a. CERTIFIED FOOD MANAGER NAME		8b. CFM CLASS PROVIDER <input type="checkbox"/> ServSafe <input type="checkbox"/> Prometric <input type="checkbox"/> NFPSP <input type="checkbox"/> CalCard Provider _____		8c. DATE ISSUED
	9a. CONTACT PERSON		9. MAILING ADDRESS		10. CITY
11. STATE	12. ZIP	13. PHONE		14. FAX	

<b>MENU</b>	15. MENU - LIST ALL FOOD AND BEVERAGE ITEMS TO BE SERVED (MAIN DISHES, SIDE DISHES, CONDIMENTS, DRINKS, ETC.)
16. SOURCES - IDENTIFY THE SOURCES OF EACH FOOD ITEM INCLUDING ICE (NAME OF MARKET, RESTAURANT, SUPPLIER, ETC.)	
17. TRANSPORTATION - DESCRIBE HOW FROZEN, COLD, AND/OR HOT FOODS WILL BE TRANSPORTED TO THE EVENT	

<b>UTENSIL SINKS</b>	18 a. <input type="radio"/> CHECK THIS BOX IF YOU DO NOT USE ANY UTENSILS BESIDES A GLOVED HAND(S).	UTENSILS INCLUDE SPATULA, TONGS, SPOONS OR SCOOPS, FANS, TRAYS, PITCHERS, FOOD THERMOMETERS, OR OTHER EQUIPMENT OR IMPLEMENT THAT CONTACTS FOOD.
	b. <input type="radio"/> CHECK THIS BOX IF YOU ARE ONLY SAMPLING WHERE NO COOKING IS DONE ON-SITE.	
	c. <input type="radio"/> CHECK THIS BOX IF YOU ARE SERVING ONLY PREPACKAGED FOOD OR DRINK AND YOU ARE NOT OPENING THE PACKAGING, CANS, BOTTLES, ETC.	
	IF YOU CHECKED ANY BOXES ABOVE (18 a, b, OR c), YOU DO NOT NEED TO HAVE ACCESS TO A THREE COMPARTMENT SINK. IF YOU DID NOT CHECK ANY BOXES ABOVE (18 a, b, OR c), YOU MUST HAVE ACCESS TO A THREE-COMPARTMENT SINK.	
20. ARE YOU PROVIDING YOUR OWN THREE COMPARTMENT SINK?	<input type="radio"/> YES <input type="radio"/> NO	
21. IF YOU ARE REQUIRED TO HAVE ACCESS TO A THREE COMPARTMENT SINK, BUT YOU ARE NOT PROVIDING THE SINK, WHAT THREE COMPARTMENT SINK WILL YOU USE?		

**COMMUNITY EVENT FOOD VENDOR APPLICATION**

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<b>UTENSIL SINKS (cont'd)</b>	22. IF YOU ARE PROVIDING A THREE COMPARTMENT SINK, ARE YOU ALLOWING OTHER FOOD VENDORS TO USE YOUR THREE COMPARTMENT SINK? <span style="float:right;"><input type="radio"/> YES <input type="radio"/> NO</span>	
	23. LIST THE OTHER FOOD VENDOR(S) YOU WILL ALLOW TO USE YOUR THREE COMPARTMENT SINK. (A MAXIMUM OF THREE ADDITIONAL VENDORS ARE ALLOWED)	
	1	2
	3	
24. IF YOU ARE PROVIDING A THREE COMPARTMENT SINK, SPECIFY HOW THE POTABLE WATER WILL BE PROVIDED.		
<input type="radio"/> TANK, GALLONS: _____ <input type="radio"/> MUNICIPAL WATER CONNECTION <input type="radio"/> OTHER: _____		
25. IF YOU ARE PROVIDING A THREE COMPARTMENT SINK, SPECIFY HOW WASTE WATER WILL BE DISPOSED.		
<input type="radio"/> WASTE TANK THAT WILL BE EMPTIED IN THE SEWER, CAPACITY IN GALLONS: _____		
<input type="radio"/> MUNICIPAL SEWER <input type="radio"/> SEPTIC SYSTEM		
<input type="radio"/> OTHER: _____		
<b>BE SURE TO SPECIFY ON THE MAP ANY POTABLE WATER FILLING STATIONS AND WASTE WATER DISPOSAL LOCATIONS.</b>		

<b>OFFSITE</b>	26. WILL ANY FOODS BE PREPARED AT ANY LOCATION OTHER THAN IN YOUR FOOD BOOTH AT THE EVENT?
	<input type="radio"/> <b>YES</b> Food preparation must be done in a commercial kitchen approved by this department. The Commissary Authorization section below must be completed and signed by the <u>owner/operator of the approved commercial kitchen</u> where food preparation will take place.  <input type="radio"/> <b>NO</b> All food preparation will be done in the food booth at the event.

<b>COMMERCIAL KITCHEN AUTHORIZATION</b>	TO BE COMPLETED BY THE <u>OWNER/OPERATOR OF THE APPROVED COMMERCIAL KITCHEN</u> IN WHICH FOOD PREPARATION WILL TAKE PLACE.			
	27. THE FOOD VENDOR LISTED ON THIS FORM HAS PERMISSION TO USE THE APPROVED COMMERCIAL KITCHEN NAMED BELOW FOR PREPARING AND STORING FOOD ON THE FOLLOWING DATES:			
	28. BUSINESS NAME OF COMMERCIAL KITCHEN		29. ADDRESS OF COMMERCIAL KITCHEN	
	30. CITY	31. STATE	32. ZIP	33. PHONE
	34. FAX	35. OWNER/OPERATOR OF COMMERCIAL KITCHEN		
	36a. SIGNED <small>Food Facility Owner, Operator or Authorized Representative</small>		36b. PRINT NAME	37. DATE
	IF THE COMMERCIAL KITCHEN IN WHICH FOOD PREPARATION WILL TAKE PLACE IS LOCATED OUTSIDE OF FRESNO COUNTY, THE LOCAL ENFORCEMENT AGENCY MUST SIGN BELOW, AUTHORIZING USE OF THE COMMERCIAL KITCHEN, AND VERIFYING A CURRENT PERMIT TO OPERATE.			
	38a. SIGNED <small>Environmental Health Specialist</small>		38b. PRINT NAME	39. DATE
	40. COUNTY OF:			

I, the undersigned, agree to comply with the Community Event Food Vendor Requirements of the County of Fresno Department of Public Health. I understand that failure to comply with the requirements will result in reinspection fees being charged for multiple reinspections due to uncorrected violations and/or suspension of approval to operate by the Department of Public Health.

41. SIGNED  <small>Food Booth Owner/Operator</small>	42. DATE
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME		FAX (A/C, No):	
	PHONE (A/C, No, Ext):			
	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A. <b>Insurance company name</b>			
	INSURER B.			
INSURER C.				
INSURER D.				
INSURER E.				
INSURER F.				

INSURED  
**Must match name on application**

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSUR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE (DAMAGE TO RENTED PREMISES (Ea occurrence)) \$ MED EXP (Any one person) \$ <b>limits need to be EACH OCCURRENCE</b> PERSONAL & ADV INJURY \$ GENERAL AGGREGATE PRODUCTS - COMM/PROP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in HI) If yes, describe under DESCRIPTION OF OPERATIONS below				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE, EA EMPLOYEE \$ E.L. DISEASE POLICY LIMIT \$

Make sure date covers event

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER  <b>DFP and City of Fresno to be named as certificate holders (separate forms)</b>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <b>Signature Required</b>