



18th Brockport Arts Festival

August 11 – 12, 2012

MAIN STREET, BROCKPORT, NY 14420

FOOD VENDOR APPLICATION



Final Application Due Date is June 30, 2012

General Information:

- Please prepare to post a copy of your **New York State Sales Tax Certificate** on your booth.
- All food items must come in an FDA approved packaging before they are cooked. The Health Dept. needs to see the packaging on the food items being sold. If pre-cooked they must see the package the raw meat came in-bought from an FDA inspected and licensed business. \\
- The vendor is responsible for obtaining all necessary **permits**.
- Provide fire extinguisher and appropriate **protection** for parking lot surfaces **from grease spills/stains**.
- Must provide a **certificate of insurance** naming the Brockport Integrated Service and Community Organization, the State of New York and The Towns of Sweden and Clarkson as additional insured parties. Typical limits are \$1,000,000 per occurrence and \$2,000,000 aggregate. Must present at check in.
- **Booth Cost:** \$425 for an approximately 12' x 12' space; additional 12' x12' spaces \$250. (limited number)
- Must provide a cleaning deposit of \$100 - **separate check please**. Returnable at end of show if site is clean.
- **No refunds issued after May 15th** (except possibly the cleaning fee noted above). No-shows will not be considered for future festivals.

Application Form: PLEASE COMPLETE THE FOLLOWING:

Business Name: _____ Fed Tax ID No.: _____

Contact Person: _____ Phone No.: _____

Email Address: _____ Cell No.: _____

Address: _____ City: _____

State: _____ Zip: _____

ITEMS TO BE SOLD Note: No alcoholic beverages are permitted:

- Do you have a New York State Health Department Food Service Permit? Yes No
- Will you have a certified New York State Food Worker Present at all times? Yes No
- Do you have or are you exempt from workers comp insurance? Yes No
- Do you have a New York State Sales Tax Number? Yes (please write number) _____
- List at least two other events where you have vended, give contact phone number.

BISCO, 2011, Food Vendor Application, pg. 2

APPLICATION DEADLINE: June 30, 2012

Check

- ___ 12x12 Space for 10' square booth \$425 (Preference given to unique, single booth items.)
- ___ Additional optional 10x10 Space 250 (No triples requests accepted)
- ___ Electricity (110 volt only) 100 (No generators allowed)
- ___ Cleaning fee 100 (**Separate check** – possible refund at end of event)
- ___ Hookup to water source (no charge) **Circle: YES or NO** for water hookup
- **Total Amount Due:** \$_____

Please provide **2 photos** of your booth (one full front, one close-up of food choices). Put your **name on back** please.

Make all checks payable to BISCO and Mail to:

**BISCO, Festival Food Chair
PO Box 197
Brockport, NY 14420**

Please include a stamped, self addressed business size envelope with your application.

You are encouraged to contact **Greg Lund** at brockportartsfest@frontier.com or call **585.281.8309** prior to applying to avoid menu duplication. Check www.brockportartsfestival.com for additional information and changes after December 15th. Website updating will continue up to the festival so please check periodically.

Note: Proceeds after expenses will benefit BISCO projects that primarily affect children in Brockport and western Monroe County.

Waiver of Liability: By signing this agreement, you are agreeing to the terms listed in this waiver on behalf of all members and/or employees of your business and/or festival team. (Note that Open Container Laws will be enforced.)

In making this application, I, the undersigned, intend to be legally bound, hereby for myself, my heirs, executors and administrators and thus waive and release any and all rights and claims for damages against the Village of Brockport or organizer, The Brockport Integrated Service and Community Organization (BISCO) and its officers, board members, representatives, successors, and assigns, for any and all injuries suffered by me or any employee or member of my team at this event. Further, I hereby grant full permission to BISCO and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings and any other record of this event for any legitimate purpose. I hereby agree to procure proper permits from the Monroe County Health Department and the State of New York Taxation and Finance Department and I also agree that the collection of sales tax (8% in Monroe County). Any and all necessary insurance for myself and my employees is solely my responsibility. Finally, I agree to follow all regulations and rules put forth by the sponsor including the following: there will be absolutely no impaling of stakes into the pavement for any reason and all booths must be stable and secure in case of high winds. **Note:** Those accepted may receive additional pertinent official Village of Brockport regulations which all accepted applicants must adhere to.

Signature of Authorized Person

Date

Printed Name of Authorized Person

Title (if any)

Office Use Only

Date Received: _____

Payment Received: \$_____

Accepted: _____ Declined: _____