



Vacaville Fiesta Days 2024

FOOD VENDER COVER SHEET

Event Information

When: Saturday, May 25 - Sunday, May 26, 2024

Where: Andrews Park, 718 W Monte Vista Ave, Vacaville, CA 95688

What: Music, Entertainment, Family Fun, Food, Drinks

Vendor Packet Checklist:

____ Completed application form (all questions must be answered & application signed)

Vendor Terms & Instructions

Applications: Applications can be submitted in person or by mail to Vacaville Fiesta Days, PO Box 5263, Vacaville, CA 95686. This application is neither an offer nor a guarantee of space. No exclusivity will be given for this event. Incomplete applications will **NOT** be considered OR returned. All questions must be answered completely and accurately – the information you give is the sole representation of your business for the selection process.

Approval: If approval is issued, the Food Chairperson will select the vendor space; special requests considered but not guaranteed. Vacaville Fiesta Days is seeking experienced operators with quality presentation.

Payments: **Payment is Due with this application.** Payments may be made in the form of cash, check, or credit card. Contact Vacaville Fiesta Days office if assistance is needed to process payment.

Space: Food/Concession Vendor:

____ Option 1: \$300 - 10x20 space
____ Option 2: \$400 - 10x30 space

____ Option 3: \$600- 10x40 space
____ Option 4: \$900- 10x40 space

\$100 Late fee after April 14, 2024

Clean-up Deposit Fee: \$100 (a separate check for clean-up is required)

The fee is only for the rental of the space. You must provide your own canopy, table, chairs, lights and Commercial Grade power cords up to 100'.

Vendor Hours: Vendors load-in - vehicle load in on School St. between 9-11 or 4-7pm on Friday, May 24, 2024. Tear down may begin no earlier than close of event on May 26, 2024. Vendor parking will be available, but not guaranteed, at the Georgie Duke Center and is accessible from Monte Vista & School streets.

Refunds: This is a rain or shine event; no refunds will be given for inclement weather or no shows.

Restrictions: The following items are prohibited on the premises and may not be sold at this event: Weapons, drug-related paraphernalia, nor items and/or activities for which an adult-oriented business permit would be required (per Chapter 9.05 of the Vacaville Municipal Code).

COVID-19: Cal/OSHA's regulations, title 8 section 3205 and others, require employers to protect workers exposed to COVID-19. All vendors must adhere to safe workplace practices while participating in any event in the City of Vacaville. https://www.dir.ca.gov/dosh/dosh_publications/COVID19-Trifold-GeneralIndustry.pdf

If you have any questions regarding this application, please contact the Fiesta Days Office.

Please submit applications by mail to:

Vacaville Fiesta Days

E-mail: fiestadays@yahoo.com

Phone:

(707) 628-5494 (707) 592-1525

PO Box 5263, Vacaville CA 95686

**Application Deadline:
Sunday, April 14, 2024**

Please make a copy for your records



Vacaville Fiesta Days 2024

Food Vendor Application Packet

SELECT ONE: New Returning

BUSINESS INFORMATION *(*Must attach supporting documentation)*

Business Name _____

Name of Applicant _____ Owner? Yes No

On-site Contact _____ On-site Contacts Cell # _____

Address _____

City _____ State _____ Zip _____

Business Phone () _____ Residence Phone () _____

Cellular Phone () _____ Web Site _____

E-mail address _____

*Federal Taxpayer's ID # _____ *CA Seller's Permit# _____

*Business License # _____

How long in business _____ D Sole Proprietor D Partnership D Corporation D Other _____

Have you ever participated in Fiesta Days before? **Y / N** If yes, what year(s)? _____

Website or Social media link: _____

INSURANCE REQUIREMENTS

Proof of Insurance is required with your contract. (see insurance offer on our website if needed)

Each exhibitor must provide proof of insurance.

Please have your Insurance carrier/agent provide the Fiesta days Committee with these two (2) required forms. 1. **Certificate of liability Insurance** 2. **Additional Insured Endorsement Form CG 20 26.**

The forms can be sent one of two ways: 1. Mail to: PO Box 5263, Vacaville, Ca 95686 2. By email to: Fiestadays@yahoo.com. The Certificate of Insurance must show proof of Commercial General liability Coverage with the following limits: **\$1,000,000 Per Occurrence, \$2,000,000 Aggregate.**

Concessionaires offering products for sale are required to also show proof of "Products/Completed Operations" Coverage as part of their commercial General liability policy with the same limits listed above. In addition, Vacaville Fiesta days/Committee, PO Box 5263, Vacaville CA 95686 and the City of Vacaville, 650 Merchant St, Vacaville CA 95688, must be named, by endorsement to the policy as "additional insureds" with respects to your organization's or business's activity during the festival. If you or your insurance company has questions regarding the requirements listed in this letter, please contact Risk Management at City of Vacaville at (707) 449-5101.

*Carrier _____ Policy Expires _____ VFD listed also as Insured **Y / N**

BOOTH INFORMATION *(Please attach a photo of booth display)*

Vacaville Fiesta Days

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REFERENCES (List 2 fairs, festivals or shows you have recently participated in.)

Event#1 _____

Contact person _____ Phone () _____

Event#2 _____

Contact person _____ Phone () _____

No entry will be considered for acceptance unless accompanied by all required forms, fees, proof of insurance (follow directions of insurance request), Police forms completed with ID cards, Driver's License and (for new vendors) photo of booths (copies sent in must be clear). By my signature below, I commit to participate in this year's Vacaville Fiesta Days. I further acknowledge & certify that I have correctly filled out the vendor application and read ALL Vacaville Fiesta Day guidelines & hereby agree to abide by them.

Applicant Signature: _____ **Date:** _____

For additional information, visit us online at: www.fiestadays.org.

CERTIFICATION OF APPLICANT

I, the undersigned, acknowledge, agree and understand that: Participation may involve risk of serious injury, including but not limited to bodily injury, death, property damage and economic losses, which may result not only from the participant's actions, inaction's, or negligence, but also from the actions, inaction's or negligence of others, or the conditions of facilities, equipment, or areas where the event or activity is being conducted. Furthermore, the undersigned both understands the risks associated and agrees to assume any and all such risks arising out of or in the course of participation in this activity or event.

The undersigned warrants that he/she is in good health and has no physical condition, which would prevent safe participation in this activity or event. Furthermore, the undersigned participant agrees to immediately report to the activity or event supervisor any unsafe condition and/or any injury incurred.

The undersigned agrees to indemnify, defend, and hold harmless the Vacaville Fiesta Days, its officers, officials, employees and volunteers from and against all liability, loss, damage, expenses, costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with the participation in the activity or event described above or failure to comply with any obligations related to this activity or event. The undersigned shall procure and maintain insurance as set forth in Exhibit "A" hereto.

The undersigned participant hereby give consent to be treated by a physician or surgeon in case of sudden illness or injury while participating in the above activity or event. It is understood that the Vacaville Fiesta Days provides no medical insurance for such treatment and that any such cost thereof will be at the undersigned's expense.

I have read and understand the instructions and any additional information attached. I understand that this form is an application for space only, and is not an offer by the Vacaville Fiesta Days to rent space. I certify that all information contained in this application to be true and accurate to the best of my knowledge.

Signature _____ **Date** _____

Printed Name

Office Use Only Date Received Approved Denied _____

___Completed application form (All questions must be answered & application signed.)

Complete list of items to sell or promote (Use backside of app. or attach separate page.)

Recent photo of booth & product display (Photos will not be returned.)

___Copy of California Seller's permit ___Copy of Business Lie. or 501 c3 letter.

___Copy of general & product insurance, listing Fiesta Days and City as additionally insured.

___Food concessions: Addendum & supporting documentation

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2024 Vacaville Fiesta Days Food Concessions Addendum

BUSINESS INFORMATION

Business Name _____

Solano County Health Permit# _____

UTILITY REQUIREMENTS

Please provide "real" numbers running at maximum capacity. If we are not informed of proper requirements, we may not be able to provide service - **BE SPECIFIC.**

Max 50 ft. 10 gauge AW extension cord required for power.

Stand/Trailer: Voltage _____ Phase _____ Amps _____

Refrigerator: Voltage _____ Phase _____ Amps _____

Other: _____ Voltage _____ Phase _____ Amps _____

Stock Truck: Voltage _____ Phase _____ Amps _____

NOTE: No running water or sewer available. Vendor responsible for all adapters.

DIMENSIONS

Provide accurate dimensions of front & depth footage required when set up (including all awnings, counters and back area). *Provide diagram of full set up as indicated on the next page to help us configure accurate layouts

Check all that apply: Cart Tent Stand/Trailer: End Serve Side Serve Counter Service
Booth: Width _____ X Depth _____

NOTE: Location of hitch must be marked on diagram

Food Vendor Attachments

____ Upon approval send in a copy of: Solano County Health Permit (FOOD CONCESSIONS ONLY).

____ Copy of Food Handler's Certificate (FOOD CONCESSIONS ONLY).

____ Menu: List all food and drink items with sizes and prices.

____ Recent photos of stand; show different views in full-service mode.
(ATTACH: Photos will not be returned.)

____ Diagram of stand including all dimensions of full set-up.

Addendum for food concessions only. This form MUST be submitted along with the vendor application as well as BOTH required vendor and food concession documents.

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DIAGRAM OF CONCESSIONS SPACE

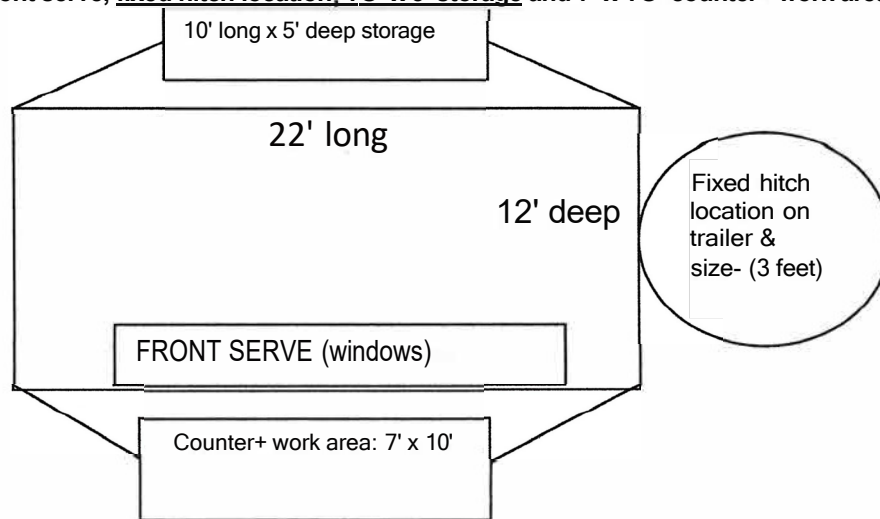
Please create a diagram of your stand layout, including storage area, refrigerator unit, counters, etc. Overhead view only, please! This helps us to better understand your layout, and to ensure that we are able to provide adequate space.

EXAMPLE

12' X 22' STAND, front serve, fixed hitch location, 10' x 5' storage and 7' x 10' counter+ work area 10 ft.

Total length: 24'
(22' + 2' hitch)

Total depth: 25'
(12' + 5' storage + 7'
counter & work area)



YOUR STAND DIAGRAM HERE (include location of hitch and needed back of house area. May attach separate page)

COVID19: SPECIAL RULES FOR A SAFE EVENT

1. No sampling of any kind is permitted.
2. Face masks are required for all vendors.
3. Booths will be spaced 6 feet apart to help customers comply with social distancing rules.
4. Please help ensure that shoppers wait 6 feet apart to view your booth.
5. **Food Vendors: Provide a barrier** between the customer and your items, or place the items out of reach. Allow the customer to point to the item they want to purchase, then place it in a bag for them *to purchase*.
6. Food Vendors must follow strict handwashing procedures outlined by the county.
7. Whenever possible, items **should be pre-bagged** for customers to purchase quickly.
8. **You must provide hand washing equipment or hand sanitizer** to use periodically during the concert.
9. **Do not use the same hand or glove to touch products and cash** from your customers. Where possible, have one employee who only handles cash and another who only handles the products. We strongly encourage use of credit cards and contact-free payment methods.