



Downtown Business Council of Chambersburg

159 South Main Street Chambersburg, PA 17201

(717) 261-0072 ChambersburgEvents@outlook.com

OLD MARKET DAY JULY 20, 2019

EDIBLE CRAFT VENDOR/ NON-PROFIT EDIBLE CRAFT VENDOR CONTRACT

A check or money order made payable to Downtown Business Council must accompany this signed contract. Entry fees vary based on postmark date: \$125 March 1 or later, \$110 if postmarked by March 1; Non Profit Food \$90 March 1 or later, \$80 postmarked by March 1 \$30.00 service charge for all returned checks.

EVENT GUIDELINES (Read thoroughly!)

1. Items being sold must be handmade and prepared by you or your direct employees. Your booth will be inspected for compliance by event staff and other participating vendors; violators may be ejected on the spot.
2. Booth spaces are approximately 20 ft. long by 10 ft. wide (a parking space). Display, inventory and other belongings may not exceed your rented booth space. Do not store or display merchandise on sidewalks, streets or in doorways.
3. Each vendor must have a current and valid Pennsylvania sales tax license and is responsible for collecting PA sales tax. Please visit www.pa100.state.pa.us for information regarding sales tax.
4. The event will be held rain or shine; space fees are non-refundable. If for any reason you are unable to attend after being accepted, contact the office immediately. A “no call/no show” for this event will jeopardize future participation.
5. **Acceptance into this event is not guaranteed from year to year, neither is space assignment..**

APPLICATION RULES

1. Incomplete contracts will not be considered. Please provide all information requested.
2. Vendors selling food must obtain a special event license from the local health department (application included). **Return this entire festival application along with your ServSafe certificate and two checks (vendor fees payable to DBC and food license fee payable to PMCA – Pennsylvania Municipal Code Alliance).** Your license will be mailed to you prior to the event.
3. Please send one clear digital image (to be used for Facebook promotion of the event) to ChambersburgEvents@Outlook.com.
4. **Include a self-addressed stamped envelope for your temporary food license.** All other communications (application receipts, acceptance notifications, space assignments and others) will be sent via email unless you enclose additional self-addressed stamped envelopes.

NEED HELP? Call 717-261-0072 or email ChambersburgEvents@Outlook.com
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EDIBLE CRAFT OR NON PROFIT FOOD VENDOR CONTRACT

\$125 IF POSTMARKED AFTER MARCH 1, \$110 BY MARCH 1, 2019

\$100 by September 1, 2018

NON-PROFITS GROUPS, \$90 AFTER MARCH 1, \$80 BY MARCH 1

Business Name: _____

Facebook.com/ _____

Contact Person: (last) _____ **(first)** _____

Email: _____

Phone: _____ **PA Sales Tax License #** _____

MENU: Please list the items you sell and the prices:

***Will you demonstrate your art or craft? YES NO * Do you need electricity? YES NO**

***Will you bring a generator? YES NO**

***Are you a returning Vendor? YES NO Year you were last here _____ *Size of tent? _____**

I hereby consent to the rules and regulations stated in the contract. By signing this contract, I understand and agree to follow all rules set forth. I certify that all of the items being offered for sale have been handcrafted by me. I also understand that if any items for sale that are not handcrafted by me, I will be removed from the mailing list for future events. I do hereby agree to indemnify and hold harmless the Downtown Business Council of Chambersburg, Inc., the Borough of Chambersburg, the Greater Chambersburg Chamber of Commerce and their respective officers, agents, members, and employees of any sponsoring organization and underwriters, individually, or collectively, from all fines, penalties, liabilities, losses, claims, damages, and expenses including court costs and attorney's fees incurred or suffered as a result or relating to my participation in the event known as Old Market Day 2019 on SATURDAY, July 20, 2019.

Signature _____ **Date** _____

Did you remember to...

- * Completely fill out and sign the contract? Keep a copy for yourself.**
- * Include a check/money order for entry fees plus (optional) space fee made payable to Downtown Business Council?**
- * Include your application and check to PMCA with a self- addressed stamped envelope.**



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BOROUGH OF CHAMBERSBURG

▶ APPLICATION FOR A TEMPORARY RETAIL FOOD LICENSE ◀

As adopted by Ordinance No. 2012-04

Permanent Licenses should be applied for approximately 60 days prior to the initial sale of food.

Please make check payable to: Pa Municipal Code Alliance (PMCA)
380 Wayne Avenue
Chambersburg PA 17201
Questions? Call: 717 496-4996

FEE SCHEDULE FOR: Special Event License / Temporary License

- Borough License Holder on site.....\$0.00
- Borough License Holder off site.....\$40.00
- Any Vendor without Current Borough License (1 or 2 day events).....\$50.00
- Note: **If available** – licenses purchased on the day of the event, cost an additional.....\$55.00
- Any Vendor without Current Borough License (3 or 5 day events).....\$60.00
- Note: **If available** – licenses purchased on the day of the event, cost an additional.....\$85.00

SECTION 1:

Total Fee \$

WHAT TYPE OF TEMPORARY LICENSE:

- 14 consecutive calendar days at the same location or mobile Single event/festival

THIS FACILITY IS A:

- Permanent structure (i.e. building) Mobilized unit/structure (i.e. truck, tent)

LOCATION OF EVENT:

Address: Street City State

Zip

- Private Property (a land use permit is required from the Borough of Chambersburg)
- Public Property (permit must be obtained from the Borough Recreation Department)



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Tent will be erected (size _____ X _____) Land Use & UCC Bldng. Permit Required

SECTION 2:

NAME of Business/Organization Email Address

LOCATION/Address of Facility: Street City State
Zip

MAILING ADDRESS (if other than Above) Street City State
Zip

Phone Number Fax Number Cell Phone Number

PROPRIETOR/OWNER TYPE:

- Non-Profit or Association
- Sole Proprietor Corporation Partnership
- Limited Liability Co. (LLC) Limited Liability Partnership (LLP)

RESPONSIBLE OFFICIAL (If not the owner)

NAME (print) Email Address

Responsible Officials Address: Street City State
Zip

Phone Number Fax Number Cell Phone Number



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REFUSE: (Check all that apply)

We will be using a refuse/trash collector – Name of Company: _____

 List any other refuse/waste collection companies (ex: grease collection)_____

This facility is a mobile unit and will use various approved refuse sites for disposal of refuse and waste.

Explain: _____

Mobile Units/Structures/Tents:

Please describe your water supply to be used for this unit. Are you filling up from a municipal water supply? If so, who is that supplier? If you are using the water supply from an Event location, name the location (ABC Fairgrounds). If you are filling up your water supply tanks from a non-public supply such as a well, you must obtain a water test (Total Coliform and Nitrate/Nitrite) for that water supply. **You must provide a copy of that water test result with this application. Those utilizing the Event Sponsors water supply need not submit test results.** How large is your potable water supply in gallons? What type of water supply tanks are you using? *See Temporary License Guidelines below.*

SECTION 3: Zoning and other Codes

- I have verified compliance with Borough Zoning requirements.
- I have verified compliance with All Building Code requirements (electrical, plumbing, ventilation, structural, etc.), where applicable.



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SECTION 4: FACILITY SERVICE INFORMATION

DAYS AND HOURS OF OPERATION

If you are applying for a Sponsored Event/Festival, list the name of the Event, date(s), & **the specific hours your stand will be up and operating**. Please be VERY accurate with this timing. If the stand is not up and ready with the Temporary License and safeserve(*if applicable*) and hand washing facility prior to the health inspectors arrival you may be closed and/or charged an added fee if more time is required by the health inspector:

If you are applying for a temporary license to operate from *one location for 14 calendar days or less*, whether a permanent structure or a mobile unit, list the dates which you plan on operating from a location and the location address and/or specifically where and when you will be selling for the 14 days of operation. Also include the specific hours of operation:

If you travel to events in the Borough of Chambersburg, which events do you attend that are greater than 3 days in length each calendar year? Give the location, dates and hours of operation also.

SECTION 5: FOODS TO BE SERVED AT EVENT (Clearly describe or attach Menu):



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Temporary Health License Specifics

- 1.) All Temporary Health Licenses expire on December 31 of that issuance year, unless otherwise noted.
- 2.) A license is for that establishment, at that location, for that owner. They are not transferable. All changes from original application should be submitted to this office, in writing within 10 days.
- 3.) All temporary licensees must file an amended application before equipment changes, renovations or extensive menu changes (25% of menu). Changes are subject to approval of this office
- 4.) All temporary licenses are subject to formal and informal inspections at any time. The results of a formal inspection are public domain and may be provided in a public forum.
- 5.) All licenses are subject to suspension, revocation and administrative actions that may include prosecution for Food Code Violations which may result in financial penalties for failure to follow applicable laws, administrative rules & regulations and guidelines regarding food service and codes violations relating to the entire property-containing establishment. Your facility will be closed when the license is suspended or revoked.
- 6.) Please be attentive to all your responsibilities and duties related to this license. Cleanliness, proper temperatures, good employee supervision, and attention to compliance with the State Food Code is mandatory.
- 7.) History has shown us over the years applicants for temporary food vendors license routinely fail to have appropriate hand-washing facilities available during their hours of operation. Please make every attempt to know proper hand-washing techniques and have the necessary equipment available at all times.

SECTION 6: FACILITY STRUCTURE

The Applicant understands and agrees that this document is an application for licensure of a temporary retail food facility. The applicant understands and agrees that only a "proprietor" of a retail food facility may obtain a retail food facility license; and that a "proprietor" may be a person, partnership, association or corporation operating a retail food facility within the Commonwealth of Pennsylvania. The applicant verifies that it is the "proprietor" of the temporary retail food facility that is the subject of this application. I hereby acknowledge receipt of Health License Application Packet. I have thoroughly reviewed all information and have willingly completed the application form. I acknowledge that all the information is true and correct to the best of my knowledge and that I am an owner or authorized agent of the corporation. I understand that any falsification of this document will result in it being null and void. It is to be noted that submission of a false statement to a public official, pursuant to Section 4904 of Title 18 of the Pennsylvania Crimes Code, constituting a misdemeanor of the third degree offense, punishable by a fine and imprisonment of not more than one year.



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FILL IN AND SIGN THE APPROPRIATE BLOCK

INDIVIDUAL PERSON

PARTNERSHIP

LLC

Signature of Owner / Agent

Position/Title

Date

Print Name

Email Address

Phone Number

Fax Number

Cell Phone Number

Corporation or Association/Non-Profit Entity:

Signature of Assoc./Non Profit Entity

Position/Title

Date

Print Name

Email Address

Phone Number

Fax Number

Cell Phone Number

Signature of Secretary/Treasurer

Position/Title

Date