



Downtown Business Council of Chambersburg  
159 South Main St Chambersburg PA 17201  
ChambersburgEvents@outlook.com

**AppleFest 2019**

**Saturday, October 19**

## EDIBLE CRAFT/ Non-Profit FOOD 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 and vendor type. \$30 service charge for all returned checks.

Edible Craft	\$125 postmarked after May 1; \$110 postmarked by May 1
Non-Profit Food	\$90 postmarked after May 1; \$75 postmarked by May 1

### EVENT GUIDELINES FOR VENDORS SELLING/SERVING FOOD

1. The show runs from 9:00am to 4:00pm. Streets close and set up begins **at 6:15am**, but you may unload onto the sidewalk only beginning at 5:45am. Volunteers will be stationed throughout the festival area to assist you in locating your space. Vehicles must be off the street by 8am; booths must be ready for inspection by 8:30am. Your booth must remain set up until 4:00pm. When tear-down is complete, you may bring your vehicle into the festival area but *only long enough to load and leave*. Vehicles will not be admitted before 4:30pm. All spaces must be vacated by 5:30pm.
2. Spaces are approximately 20 feet wide by 10 feet deep. If your set-up cannot fit within those dimensions, please rent an additional space. Display, inventory and other belongings may not exceed your rented booth space. Do not store or display food items on sidewalks, streets or in doorways.
3. Each vendor is responsible for leaving their space clean. **ALL TRASH MUST BE BAGGED; NO BOXES! DO NOT LEAVE CARDBOARD!** Trash will be collected at 4:45pm. Afterwards, you are responsible for removing remaining items. *Do not deposit ice, cooking oil, grease, ashes, charcoal, etc. in parking spaces, shrubbery areas or down the storm drains.*
4. A sign listing your menu items and their prices must be visible to customers. Only items listed on your original application/contract may be sold.
5. 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, you must contact the office so that your space can be filled. Refunds *may* be issued, but a “no call/no show” for this event will jeopardize future participation.
6. Acceptance into DBC events is not guaranteed from year to year, neither is space assignment.
7. 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](http://www.pa100.state.pa.us) for information regarding sales tax.
8. The committee recommends that individual vendors have liability insurance, as the sponsoring organizations will not be held responsible for any loss or injury that may occur to participants.
9. The committee is not responsible for circumstances beyond its control.
10. Vendors who ignore these guidelines will not be accepted to future Downtown Business Council shows.

### 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 of \$50 payable to PMCA – Pennsylvania Municipal Code Alliance). Your license will be mailed to you prior to the event.
3. Submit up to six (6) current color photos of your booth and food. Also 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.



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Business Name: _____	<b>OFFICE USE ONLY</b> Recvd: _____ Check info: _____ Acptd? _____ Committee Notes: _____
Facebook.com/ _____	
Contact Person: _ (last) _____ (first) _____	
Email: _____	
PA Sales Tax License # (or EIN for NPs) _____	
Phone: _____	

**MENU--List all items you will sell at the event, with prices.** Use back of this page if necessary:

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I need electric hook-up:  yes  no

Tent Size: \_\_\_\_\_ **Please sketch your set-up with opening(s) on the back of this page, and include a photo of your set-up.**

I want that space! (Include \$10 May 2- July1) to reserve your favorite space: \_\_\_\_\_

Space Preference (no charge): Put me near a performance stage: YES PLEASE / No thanks / No Preference

Statement of Waiver:

I hereby consent to the rules and regulations stated in the contract. Through signing this contract, I verify that I both understand, and agree to follow all the rules set forth. I certify that all of the items being offered for sale have been homemade/prepared by me or my immediate employees. I also understand that if I am discovered selling food items that are not prepared by me, I will, as a result, not be invited to participate in 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 AppleFest 2019 to be held on SATURDAY, October 19, 2019.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Application Checklist Did you remember to...

- Completely fill out and sign the festival contract, including the special event license on pages 3-7?
- Include a check/money order for your vendor space/s, made payable to **Downtown Business Council (DBC)?**
- Include ServSafe Certificate and check/money order for \$50 *per booth*, payable to **PA Municipal Code Alliance**
- Include up to six color photos of your set-up? Provide website or a digital photo for promotional purposes?
- Include a self-addressed, stamped envelope for your food license** and a legibly written email address for all other festival communications, including application receipt and space assignment?

**Questions? Call 717-261-0072 or email chambersburgevents@outlook.com**



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

**SECTION 2:**

\_\_\_\_\_  
 NAME of Business/Organization

\_\_\_\_\_  
 Email Address



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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 \_\_\_\_\_

**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



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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.*

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**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.

**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:

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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:

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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.



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**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