



Downtown Business Council of Chambersburg

159 S Main Street Chambersburg PA 17201

[ChambersburgEvents@outlook.com](mailto:ChambersburgEvents@outlook.com) 717-261-0072

## OLD MARKET DAY 2018 July 21, 2018

### 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: \$250 March 1 or later; \$225 if 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 20 ft. wide (2 parking spaces). 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](http://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. The committee makes space assignments for the festival

**NEED HELP? Call 717-261-0072 or email [ChambersburgEvents@Outlook.com](mailto:ChambersburgEvents@Outlook.com)**

### 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. Please send one clear digital image (to be used for Facebook promotion of the event) to [ChambersburgEvents@Outlook.com](mailto: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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**FOOD VENDOR CONTRACT** \$250 March 1 or later; \$225 if postmarked 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:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Do you need electricity? YES NO \*110 220 \*Will you bring a generator? YES NO

\*Are you a returning Vendor? YES NO

\*Do you have a Truck, Trailer or Tent? \_\_\_\_\_ What is the size of your Truck, Trailer or Tent? \_\_\_\_\_

Please sketch your set up on the back of this application

Are your extension cords in good working order and not older than 5 years old?

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 2018 on SATURDAY, July 21, 2018.

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

Did you remember to...

\* Completely fill out and sign the contract?

\* 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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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



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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.

**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