



P.O. Box 2717
Marysville, CA 95901

January 20, 2017

Dear Prospective Vendor,

The 2017 Bok Kai Parade, the 137th, will be held on Saturday March 4, 2017 opening at 9:30 am with the parade commencing at 11:00 am.

This year will be **4715 "The Year of the Rooster"** in accordance with the Chinese calendar. You are invited to this unique cultural parade. Thousands of people attend this family event every year and the Vendor Court on 4th Street between C and D Streets in Marysville's Chinatown District has always been a major attraction for them. **Vendors are the lifeblood of any event and having you here is appreciated.**

Set up for the event will be from 7:30 am to 9:30 am. All vendors must check in no later than 9:30 am at the corner of 4th and C Street. Anyone showing up after that time will not be allowed to have their vehicles pulled up to their space for unloading. We are a rain or shine event. There will be **NO REFUNDS** for **NO SHOWS**.

To emphasize, all vendors must provide with their application, a **Certificate of Liability Insurance** coverage of \$1,000,000 Each Occurrence and \$2,000,000 Aggregate assigned to **"The City of Marysville and The Marysville Bok Kai Parade, their officers, agents and employees"**. This is the exact wording required. Additionally, food vendors must also fill out the Yuba County Environmental Health Division Temporary Food Facility Information Sheet included with the food vendor application. The health guidelines will be strictly enforced by the Yuba County inspector. Failure to comply with these guidelines will result in you not being able to sell your product at this event with no refund given.

As there is a limited sidewalk space behind each vendor space "quiet generators" should be used.

Please fill out the appropriate application and make out your check or money order to "The Marysville Bok Kai Parade". Kindly forward your completed application, remittance and requested documents to The Marysville Bok Kai Parade; P.O. Box 2717; Marysville, CA 95901-8546. **Deadline for this application is February 21, 2017.** If you have any questions please E-mail bokkaivendor@gmail.com

We look forward to having you participate in our 2017 event.

Sincerely,

Candice Fresquez
Bok Kai Parade Chair



MARYSVILLE BOK KAI PARADE 2017
Saturday, March 4 – 9:30 a.m. to 3 p.m.
In Historic Chinatown Marysville

FOOD VENDOR FORM

THIS FORM IS FOR ANYONE SELLING FOOD ITEMS. THIS INCLUDES PACKAGED COMMERCIAL FOOD.

| | | | |
|--------------------------------|--|---------------|--|
| Business or Organization Name: | | Contact Name: | |
| Address: | | Phone: | |
| City: | | Fax Number: | |
| State, Zip Code: | | E-mail: | |

Please list any and all items being sold. Any items not listed will not be allowed. Use separate paper if necessary. Photos are appreciated and will be returned if ample postage is provided on a self-addressed stamped envelope.

☐ YES, I have a towable/trailer unit.

Vendors selling items at the parade must submit a valid Resale License

LIABILITY: (required)

In consideration of acceptance of the right to participate, entrants, and participants, by execution of the entry form, release and discharge City of Marysville, The Marysville Bok Kai Parade and their officers, directors, employees, agents, representatives and anyone else connected with the management or representation of the Bok Kai Parade of and from any and all known or unknown damages; Injuries, losses, judgments, and/or claims from any cause whatsoever that may be suffered by any entrant to his persons or property. Further, each entrant expressly agrees to indemnify all the forgoing entities, firms, persons, and bodies from any and all liability occasioned or resulting from the conduct of the entrants or any participant assisting or cooperating with entrant under the direction and control of entrant.

_____ I have read and agree with the **LIABILITY** portion of this form (please initial) ←

INSURANCE: (required)

Liability insurance is required by the City of Marysville for the Marysville Bok Kai Parade. Vendors must carry liability insurance of at least **\$1,000,000** for each occurrence and **\$2,000,000** general aggregate and issue a **CERTIFICATE OF INSURANCE** naming the City of Marysville and The Marysville Bok Kai Parade and their officers, agents and employees as **CERTIFICATE HOLDER**. Without a **CERTIFICATE OF INSURANCE** and an **ENDORSEMENT** form naming the **City of Marysville and the Marysville Bok Kai Parade** as additional insured, issued by your insurance company, you will not be allowed to participate and no refund will be made in such case. Mail **CERTIFICATE OF INSURANCE** and **ENDORSEMENT** form with this application.

_____ I have read and agree with the **INSURANCE** portion of this form (please initial) ←

I understand and agree with the above terms and conditions. I understand that I may be removed from the event or denied the ability to set-up at the event without refund if this agreement is violated or if event staff deems my behavior inappropriate.

Signature _____ ← Date _____ ←

APPLICATION DEADLINE:

Applications must be postmarked by February 21, 2017. Applications postmarked after February 21, 2017 may not be accepted.

FOOD VENDOR FORM

THIS FORM IS FOR ANYONE SELLING FOOD ITEMS. THIS INCLUDES PACKAGED COMMERCIAL FOOD.

**** Food booths must complete Health Department form from Yuba County Environmental Health **
and return it to us with this application.**

| TYPE OF SPACE | SIZE | COST PER SPACE | # OF SPACES | SUBTOTAL |
|---|---------|----------------|-----------------|----------|
| STANDARD FOOD SPACE | 10'X10' | \$200 | _____ x \$200 = | \$ _____ |
| POWER/ELECTRICITY is NOT PROVIDED by the event: however, vendors are allowed to utilize their own generators if they are "RUN SILENT" units emitting no more than 61 decibels of sound. | | | | |
| <input type="checkbox"/> YES, I will be providing my own generator, and understand the generator noise restrictions. | | | | |
| | | | TOTAL | \$ _____ |

**** Please make checks payable to The Marysville Bok Kai Parade ****

DO NOT FORGET THESE ITEMS:

- ☐ This application completed and signed.
- ☐ Your check for the full amount made payable to THE MARYSVILLE BOK KAI PARADE.
- ☐ Applications without check will not processed.
- ☐ A complete listing of any and all items you wish to sell.
- ☐ A copy of your valid CA Sellers Permit.
- ☐ Your completed Yuba County Health Permit form (enclosed with this application).
- ☐ Temporary Food Facility Equipment Plan (enclosed with this application).

- ☐ Please remember: Liability insurance is required. Mail **CERTIFICATE OF INSURANCE** and **ENDORSEMENT** form with this application.

- ☐ Applications must be postmarked by February 21, 2017. Applications postmarked after February 21, 2017 may not be accepted.

**MAIL THIS APPLICATION TO:
THE MARYSVILLE BOK KAI PARADE
P.O. BOX 2717
MARYSVILLE, CA 95901**

QUESTIONS? E-mail us at bokkaivendor@gmail.com

Office use only

| | |
|-----------------|----|
| Date Received | |
| Approved By | |
| Fee Received | \$ |
| Receipt # | |
| Facility ID | |
| Program Element | |

YUBA COUNTY TEMPORARY FOOD FACILITY PERMIT **APPLICATION**

**This form must be submitted two weeks prior to the event to allow for processing.
A copy must be attached to the signed permit.**

Name of Event: _____ Location of Event: _____

Dates of Operation: _____ thru _____ Setup Time: _____ Start Time: _____

Name of Booth/Concession: _____ Charitable Organization: ____ Yes ____ No

Owner/Operator: _____ Day Phone: (____) _____ Email: _____

Mailing Address: _____ City & Zip: _____

Requesting a Fee Exemption: ____ Yes ____ No (Application is completed – See back for Application)

| List All Food & Beverages to be Served | Offsite Prep? Yes/No | Cooking Equipment and Cooking Temperature | Temperature Holding Equipment and Holding Temperature |
|--|-------------------------|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

*If additional space is needed, use an additional page.

Home preparation & Storage is NOT allowed.

Pre- and Post - event food preparation and storage will be done at:

Food Facility: _____

Address: _____ County: _____ Permit #: _____

The following facilities/equipment will be provided as required and described in the YUBA County Health Department Temporary Food Facility Requirements (revised July 2016): A copy of the current health permit for the off-site facility. **Check all that apply.**

- | | | |
|---|--|---|
| <input type="checkbox"/> Approved Food Dispensers(s) | <input type="checkbox"/> Sanitizing solution and test strips | <input type="checkbox"/> Toilets w/Handwashing Facility |
| <input type="checkbox"/> Hot & Cold Food Holding Units | <input type="checkbox"/> Hand washing Facility w/ warm (100°F) water | <input type="checkbox"/> Garbage Container |
| <input type="checkbox"/> Metal Food Probe Thermometer (0°-220°) | <input type="checkbox"/> Potable Water | <input type="checkbox"/> Utensil Sinks w/hot water |
| <input type="checkbox"/> Disposable Food Service Gloves | <input type="checkbox"/> Fully Screened Fly Proof Booth | <input type="checkbox"/> Overhead Cover |
| <input type="checkbox"/> Sanitary Commercial Cutting Boards | <input type="checkbox"/> Floor Covering Material | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Utensil Washing Dishpans | <input type="checkbox"/> Liquid Waste Containers | <input type="checkbox"/> Other: _____ |

I have read and will comply with the Temporary Food Facility Requirements and will provide the above facilities and equipment for my proposed operation.

Signature of Operator: _____ Date: _____

Temporary Food Facility Equipment Plan

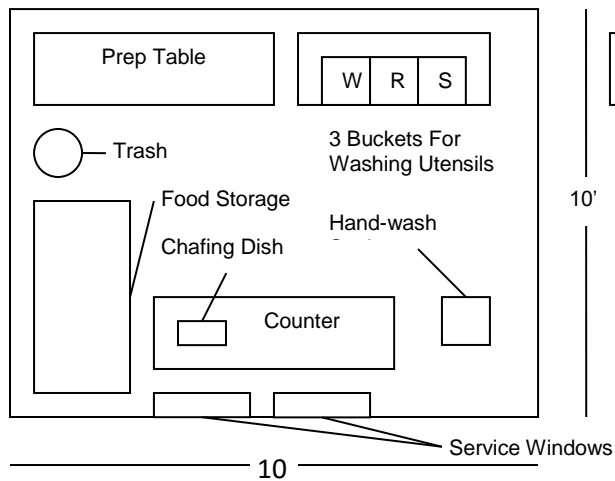
All booth vendors shall complete this section including those selling or serving prepackaged food

NOTE: The only operations not required to have a fully enclosed booth are those that sell beverages and ice from an approved bulk dispenser or food items prepackaged at an approved facility. These items must be sold in the original packaging with proper labels. Any vendors that are distributing samples may be required to have a fully enclosed booth. Contact this Department if you have any questions.

BOOTH DRAWING:

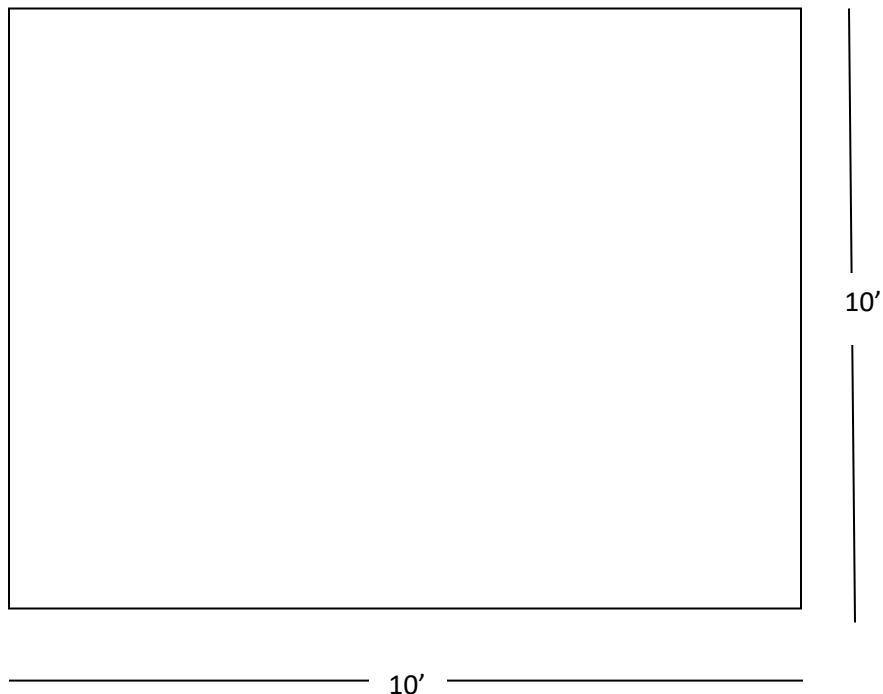
In the space below provide a drawing of your booth. Identify and describe all equipment, including cooking and holding equipment, handwashing facilities, work tables, utensil washing sink (containers), food and paper product storage, garbage containers, and customer service areas (see example below). The only items that are allowed outside the booth are an open air BBQ and a cooler for storage of raw meat at the grill. All other cooking equipment and washing facilities shall be inside the booth.

EXAMPLE:



Note: If cooking equipment will be used inside of booth, contact the local Fire Department for booth requirements.

Booth Floor Plan



Exact wording below must be included with your
Certificate of Liability Insurance
from your insurance carrier.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|----------|-------------------------------|----------------|
| PRODUCER | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| INSURED | INSURER A: | |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| | GENERAL LIABILITY | | | | | | |
| | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ |
| | | | | | | | MED EXP (Any one person) \$ |
| | | | | | | | PERSONAL & ADV INJURY \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE \$ |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG \$ |
| | | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| | <input type="checkbox"/> UMBRELLA LIAB | | | | | | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> EXCESS LIAB | | | | | | AGGREGATE \$ |
| | <input type="checkbox"/> OCCUR | | | | | | \$ |
| | <input type="checkbox"/> CLAIMS-MADE | | | | | | \$ |
| | DED <input type="checkbox"/> RETENTION \$ | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | N/A | | | | E.L. EACH ACCIDENT \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional insured: The City of Marysville and The Marysville Bok Kai Parade, their officers, agents and employees.
Telephone: E-mail: bokkaiparade@gmail.com Attn:

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|--|
| City of Marysville and The Marysville Bok Kai Parade, their officers, agents and employees P.O. Box 5567 Marysville, CA 95901 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE |

SAMPLE

ENDORSEMENT

This endorsement, effective 12:01 AM 09/01/2013

Forms a part of policy no.: 014245897

Issued to: VENDORS OF THE U.S.

By: LEXINGTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
ADDITIONAL INSURED REQUIRED BY WRITTEN CONTRACT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY POLICY, COVERAGE APPLICABLE TO COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE (SECTION I - COVERAGES) ONLY

- A. Section II - Who Is An Insured** is amended to include any person or organization you are required to include as an additional insured on this policy by a written contract or written agreement in effect during this policy period and executed prior to the "occurrence" of the "bodily injury" or "property damage."
- B. The insurance provided to the above described A additional insured under this endorsement is limited as follows:**
1. **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE (Section I - Coverages) only.**
 2. The person or organization is only an additional insured with respect to liability arising out of "your work" or "your product".
 3. In the event that the Limits of Insurance provided by this policy exceed the Limits of Insurance required by the written contract or written agreement, the insurance provided by this endorsement shall be limited to the Limits of Insurance required by the written contract or written agreement. This endorsement shall not increase the Limits of Insurance shown in the Declarations pertaining to the coverage provided herein.
 4. The insurance provided to such an additional insured does not apply to "bodily injury" or "property damage" arising out of an architect's, engineer's, or surveyor's rendering of or failure to render any professional services, including, but not limited to:
 - i. The preparing, approving, or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders, or drawings and specifications; and
 - ii. Supervisory, inspection, architectural, or engineering activities.
 5. This insurance does not apply to "bodily injury" or "property damage" arising out of "your work" or "your product" included in the "product-completed operations hazard" unless you are required to provide such coverage by written contract or written agreement and then only for the period of time required by the written contract or written agreement and in no event beyond the expiration date of the policy.
 6. Any coverage provided by this endorsement to an additional insured shall be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis.
- C. In accordance with the terms and conditions of the policy and as more fully explained in the policy, as soon as practicable, each additional insured must give us prompt notice of any "occurrence" which may result in a claim, forward all legal papers to us, cooperate in the defense of any actions, and otherwise comply with all of the policy's terms and conditions. Failure to comply with this provision may, at our option, result in the claim or "suit" being denied.**



**Authorized Representative OR
Countersignature (In states where applicable)**

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