



MARYSVILLE BOK KAI PARADE 2019
 Saturday, March 9 – 9:30 a.m. to 4 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 25, 2019. Applications postmarked after February 25, 2019 may not be accepted.

FOOD VENDOR FORM

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**** 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'	\$150	_____ x \$150 =	\$ _____
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 25, 2019. Applications postmarked after February 25, 2019 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

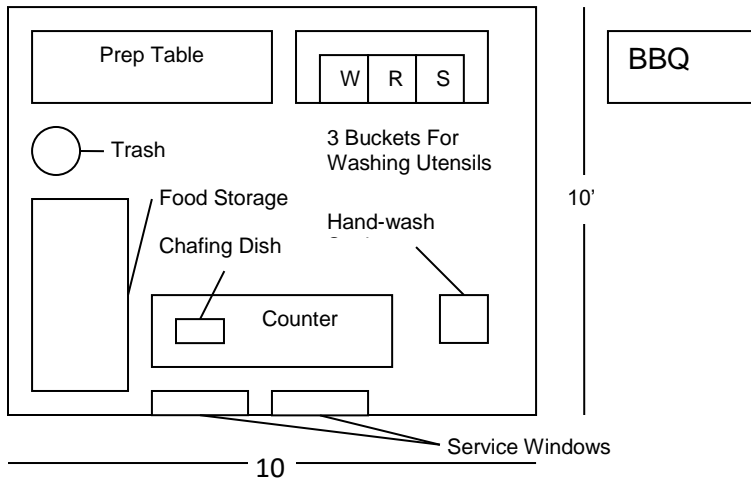
All booth vendors shall complete this section including those selling or serving prepackaged food

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

