



41st Annual Sourwood Festival

August – Sat. 11th & Sun. 12th 2018

Food Vendor Application

Business Name: _____
 Contact Name: _____
 Phone: (____) _____ Cell: (____) _____
 Mailing address: _____ City: _____ St: _____ Zip: _____
 Email: _____ Web/Facebook _____

- Application- Deadline: July 27, 2018 or until full - Late fee after 6/01/18
- NO Post dated checks. • \$40 returned check fee
- NO Refund for Inclement weather
- Vendor tents must comply with Fire and Safety Codes and have a Fire Extinguisher
- I was a vendor 2017 ___ 2016 ___ 2015 ___ Other ___ Request same space as last year ___
- First time vendor enclose photo of booth and product. Limit two spaces.

List Menu Items with Prices (attach page if necessary) Prices / menu must be posted at festival.

Complete- & enclose Health Dept Permit. We submit to Health Dept. Information on Temporary Food Establishment permit requirements and temporary food stand checklist available at www.buncombecounty.org/governing/depts/health/environmentalhealth.aspx (scroll down)

Enclose Certificate of Liability Ins. (Info next page)

<p>Early Registration- Postmarked 6/01/18</p> <p>10 x 10 space- \$550 \$ _____</p> <p>10 x 20 space- \$750 _____</p> <p>Sub Total \$ _____</p> <p>*Less Single Item Discount _____</p> <p>**Less Applicable Discount _____</p> <p>Electricity (110v if needed) \$50</p> <p>Health Dept \$100 (if applies)</p> <p>Total \$ _____</p>	<p>Late Registration – After 06/01/18</p> <p>10 x 10 space- \$600 \$ _____</p> <p>10 x 20 space- \$800 _____</p> <p>Sub Total \$ _____</p> <p>*Less Single Item Discount _____</p> <p>**Less Applicable Discount _____</p> <p>Electricity (110v if needed) \$ 50</p> <p>Health Dept \$100</p> <p>Total \$ _____</p>
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- *\$100 Discount if selling single food item prepared on site (example- popcorn, ice cream, snow cones)
- **10% Discount for Swannanoa Valley Non Profit or Black Mountain Swannanoa Chamber members.

Make check payable to: Black Mountain Swannanoa Chamber of Commerce
 Mail: Check / Application / Menu with prices/ completed Health Dept. Permit / Certificate of Liability Insurance / photo of booth & product / self addressed stamped envelope.

To: Black Mountain Swannanoa Chamber Special Events
 201 East State Street, Black Mountain NC 28711

Vendor Contract- Your Signature verifies: I have understood the information sheet and I agree to abide by all rules and regulations of Sourwood Festival and its sponsors. I agree to indemnify and hold harmless Black Mountain Swannanoa Chamber of Commerce and or the Town of Black Mountain from any and all claims, demands, losses causes of action, damage, lawsuits, judgments, including attorney fees and costs, to the extent caused by or arising out of or relating to the operation of my booth or other festival related activities.

Signature: _____ Date _____

Office Use: Paid by Check# _____ Cash _____ Date _____ Amt _____ Accepted _____ Check Returned _____

2018 Sourwood Festival - Information Sheet (Retain for your records)
Food Vendor Application (prepared on site)
41st Annual Sourwood Festival - August 11th & 12th, 2018
Black Mountain, North Carolina

Alcohol-Free Street Festival with Arts, Crafts, Food, Games, Music and More!
Held **RAIN OR SHINE!** **No Refunds for inclement weather.**

Dear Food Vendor,

The 2018 Sourwood Festival Committee of Black Mountain Swannanoa Chamber of Commerce invites you to be a part of our 41st Annual Sourwood Festival! **Attendance is estimated around 30,000 plus.**

Application deadline: July 27, 2018 or until all spaces are filled. Space is very limited. 10x10 spaces- Limit 2 per vendor. No structures provided. Tents must comply with NFPA regulations for fire resistant quality of fabric. (Proof on the label) and no larger than 10x10. Bring all props, tables, chairs, and weather protection.

NO partisan political groups or candidates will be allowed booths or space at festival.

Literature may only be distributed by Vendors and Non-Profits with booths.

We strive to limit product duplication but do not guarantee that like products will not be sold.

Registration: 1) Payment 2) Application completed in full 3) Completed Health Dept. Permit (if applicable).
4) Certificate of Liability Insurance naming **Black Mountain Swannanoa Chamber of Commerce and the Town of Black Mountain as additional insured.** General liability limits required are: \$3000,000 per occurrence and \$600,000 Aggregate. Policy must include products and completed operations coverage. 5) Self-addressed stamped envelope.
6) First time vendors enclose photos of booth and product / not needed from returning vendors if product the same.

No application will be accepted without the complete package. Acceptance is determined by Festival Committee. Their decisions are final. You will be notified of acceptance or rejection by mail.

Cancellation / Refund policy: Before June 1st – Fee refunded less \$25 processing charge
June 1st–July 20th=50% Refund July 21st–August 3rd= \$25.00 Refund **NO Refund** after August 4, 2018

Space assignment notification Booth assignments/festival map will be posted on www.sourwoodfestival.com about one week before the festival. We will **not mail** space assignment notifications. If you do not have access to internet, you may call for assignment one week before festival or get it at festival check-in.

Check-In / Information – No check-in required if you know your location. **Saturday morning** in the parking lot of SunTrust Bank on Hwy 9 just north of I-40, Exit 64. Bank address is 200 Hwy 9, Blk Mtn, NC 28711.

Vendors may not prep any food morning of festival before health department inspection

Vendor Set-Up:

Friday, August 10, 2018 – from 6:00pm-10pm. **(No one allowed in festival area until 6:00 – No exceptions!)**

Saturday, August 11, 2018 - 7 am- 9 am **(Vendors must be set-up by 9am)** Booth numbers in middle of space.

Festival Hours:

Saturday August 11, 2018 – Festival open from 9 am – 8 pm **No vehicles in festival area during festival.**

Sunday August 12, 2018 - Festival open from 9 am – 5 pm **No Early Departures Allowed!**

Menu Posting: MENU w/PRICES MUST BE POSTED AT ALL TIMES during the festival. WILL BE INFORCED
All product, vendors and signs must stay within booth space. The Committee reserves the right to remove any food not listed on application or display not approved.

Taxes: You are responsible for collecting and reporting NC sales tax.

Electricity: We close at 8pm on Saturday before dark so electricity is not needed. If you wish to purchase electricity for \$50 - it must be indicated and paid for on your application. **Bring your own heavy duty extension cord at least 100 feet long. Only 110 volt service available. No 220 volts, or anything over 20 amps allowed. No Generators**



Buncombe County Department of Health

Temporary Food Event Vendor Application

This application **must be completed in its entirety** and submitted to the Buncombe County Department of Health to provide information about all food preparation and sales to the public at any public event or exhibition within Buncombe County. Applications must be submitted no later than **15 days** prior to the event.

****Please note: A fee of \$75.00 will be required for each food service permit and must be paid with the submission of each Food Vendor Application.****

1) Name of Event: _____ Date of Event: _____

2) Address of Event: _____
Street City State Zip

3) Name of Vendor: _____ Vendor Phone: _____

4) Vendor Business Name: _____

5) Vendor Business Address: _____
Street City State Zip

****Please note: Food booth must be completely set up prior to permitting and NO food preparation is allowed in the booth until the permit is issued.****

6) Date for permitting: _____ 7) Time for permitting: _____

8) Applicant Email Address: _____

9) Will vendor prepare food prior to the event? Yes No

If you checked "yes" food will be prepared prior to the event*, provide the name of the facility where food will be prepared:

Name of Prep Facility: _____ Date of prep: _____ Time of Prep: _____

Address of Prep Facility: _____
Street City State Zip

Phone of Prep Facility: _____

****Please note: Advanced preparation may require a permit by Buncombe County Dept. of Health****

10) As of September 1, 2012, the vendor / permit holder shall require all food service employees to comply with an approved Employee Health Policy. Do you have an approved Employee Health Policy? Yes No

11) Please check which water supply best describes the water source for your booth:
 Public water supplied by the organizer (requires food grade water hose)
 On-site private well (requires water sample by BCDH)
 Tap water supplied by the vendor
 Bottled water supplied by the vendor

12) Check the box that best describes the disposal method for the following:

<u>Garbage:</u>	<u>Waste water:</u>	<u>Grease:</u>
<input type="checkbox"/> Waste can- taken offsite	<input type="checkbox"/> Portable toilet at event	<input type="checkbox"/> Grease taken offsite
<input type="checkbox"/> Event dumpster	<input type="checkbox"/> Event gray water bin	<input type="checkbox"/> Event grease receptacle
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

13) Check the box(es) that best describes your equipment:

<u>Cold Holding:</u>	<u>Hot Holding:</u>
<input type="checkbox"/> Refrigerated truck	<input type="checkbox"/> Chafing dishes
<input type="checkbox"/> Commercial refrigerator	<input type="checkbox"/> Electric hot box
<input type="checkbox"/> Freezer	<input type="checkbox"/> Grill
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<u>Utensil Washing:</u>	<u>Hand Washing Set-up:</u>
<input type="checkbox"/> 3 Utility sinks	<input type="checkbox"/> Mechanical sink
<input type="checkbox"/> 3-compartment sink	<input type="checkbox"/> Gravity flow set-up
<input type="checkbox"/> 3 Basins	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	

14) Will ready-to-eat produce (vegetables or fruit) be prepared in your food booth? Yes No
If yes, you must have a separate prep sink.

15) Check which one best describes your food booth set up:
 3-sided tent Tent with fans Mobile food unit Other: _____

****Please note that ALL food booths must have approved hand wash set-up and utensil washing set-up for washing, rinsing, and sanitizing equipment. Other equipment needs may vary.****

Provide a complete list of all food/menu items in the chart below and check “Advanced Preparation” if the food/menu item will be prepared prior to the event or check “Prepared at Event” if no advance preparation is needed. Check both “Advanced Preparation” and “Prepared at Event” if food/menu item requires both types of preparation.

Please include all add-on items such as lettuce, tomato, etc. (i.e. Hamburgers with cheese, l,t,o).

Food/Menu Items	Advanced Preparation	Prepared at Event

I certify that the information in this application is complete and accurate. I understand that:

**Any changes to my operation must be submitted to the Buncombe County Department of Health for review and approval prior to the day of event.*

**All potentially hazardous foods (PHF) that I am serving must be maintained at approved temperatures (45 F or below for cold food and 135 F or above for hot food) during transport, holding and /or service.*

**Failure to maintain approved temperatures for PHF may result in disposal or embargo of the food.*

Applicant Signature: _____ **Date:** _____

Office Use Only	
Reviewer Signature: _____	Date: _____
Comments: _____	

NAME: _____ **DATE:** _____