

JUNE 28TH- July 1, 2024

 FOOD VENDOR APPLICATION FORM

PLEASE COMPLETE THE FOLLOWIING APPLICATION FORM. APPLICATIONS ARE PROCESSED ON A FIRST COME BASIS.

To ensure that your space is reserved, ***a non-refundable*** security deposit of $200.00 payable to ***1000 Islands Family Ribfest***; to be submitted with your application. A contract and invoice will follow receipt.

NAME OF VENDOR/EXHIBITOR/COMPANY

CONTACT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BRIEF DESCRIPTION OF PRODUCT/SERVICE:

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

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**BOOTH SIZE (*PLEASE CIRCLE ONE*)**

10 ft wide by 10ft deep 10ft wide by 20ft deep 20ft wide by 20ft deep

30ft wide by 10ft deep OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ELECTRICAL *(PLEASE CIRCLE ONE*)**

15 AMPS 30 AMPS 50 AMPS OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Electriciity is limited and approved applicants will be assisgned space at the discretion of the Vendors Chair.

\*Do you have an extra food storgage supply truck or device as part of your operation?

 YES or NO

**FEES (PLUS HST 13%)** FOR JUNE 28-JULY 1 , HYDRO AND WATER INCLUDED

*SITE SIZE FEE HST TOTAL*

10 X 10 $850 + 110.50 = $960.50

10 X 20 $900 + 117.00 = $1017.00

20 X 20 $950 + 123.50 = $1073.50

30 X 10 $1050 + 136.50 = $1186.50

PAYMENT

Please email your application or any questions to vendors@1000islandsfamilyribfest.ca

A contract and invoice will be emailed back to you.

To reserve a space, please submit a non-refundable security deposit of $200 payable to 1000 Islands Family Ribfest by the following methods.

1. E-transfer emailed to ribfestvendorsgananoque@gmail.com Be sure to include your company name in the comments/memo section.
2. Certified cheques ONLY, payable to 1000 Island Family Ribfest, please contact Whitney to discuss where to mail to or drop off.

*PLEASE ADVISE VENDOR CHAIR WHEN PAYMENT IS MADE AND BY WHICH METHOD.*

\*\*\*THE REMAINING BALANCE IS DUE WITHIN *30 DAYS OF DATE OF INVOICE and/or NO LATER THAN MAY 31, 2024* UNLESS ARRANGEMENTS ARE APPROVED BY VENDORS CHAIR.

FOOD SERVICE

Waste water (gray water), grease removal and garbage removal will all be disposed of daily by Ribfest volunteers.

Cold water is supplied to food vendors with a tap hookup.

Tightly covered garbabe & refuse receptacles will be provided at each food outlet.

*THE FOLLOWING ITEMS ARE YOUR RESPONSIBILITY*

* SUBMIT HEALTH FORMS (provided) to **BY** **MAY 15th 2024**
* ENSURE YOUR BOOTH PASSES HEALTH INSPECTION AND MEETS ALL LEGAL AND MUNICIPAL REQUIREMENTS FOR THE HEALTH INSPECTOR ON FRIDAY MORNING, 28TH (a time will be provided when available)
* IT IS YOUR RESPONSIBILITY TO BRING A HOSE TO CONNNECT TO OUR COLD WATER TAP.
* IF HOT WATER IS REQUIRED IT IS YOUR RESPONSIBILITY.
* A SEPARATE HAND WASHING BASIN EQUIPPED WITH SOAP IN A DISPENSER AND PAPER TOWELS.
* A PROPERLY INSTALLED TWO COMPARTMENT SINK IS REQUIRED FOR THE CLEANING OF UTENSILS USED IN FOOD PREPARATION. (this is in addition to a hand wash sink)
* CLEANING & SANITATION SUPPLIES MUST BE ON HAND IN EACH UNIT.
* MECHANICAL REFRIGERATORS MUST BE PROVIDED FOR STORAGE OF PERISHABLES. COLD FOOD MUST BE KEPT AT/BELOW 4 DEGREES CELSIUS. A THERMOMETER MUST BE AVAILABLE IN EACH UNIT.

PROOF OF INSURANCE

Proof is required upon signing of the contact. Your insurance policy must name additionally insured parties:

* Rotary Club of Gananoque , Box 516 Gananoque, ON K7G 2V1
* Lions Club of Gananoque, 660 Queen St Gananoque, ON K7G 2B2
* Town of Gananoque, 30 King St E, Gananoque, ON K7G 2T6

PLEASE FILL IN ALL INFORMATION AND SIGN BELOW TO INDICATE THAT YOU UNDERSTAND AND ACCEPT THE TERMS STATED IN THIS APPLICATION.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Whitney Kilgore*

*Vendors Chair Ribfest 2024*

*613-530-7070*