

SACRAMENTO COUNTY FAIR: May 27-31, 2010
Food Concessions Space Application

SPACE IS PROVIDED ON A FIRST COME FIRST SERVE BASIS

CHECK ONE: New Applicant Returning Concessionaire Same Stand New Stand
YOU MUST PROVIDE A PHOTO OF YOUR TRAILER

PLEASE TYPE OR PRINT (IN INK)

Contract Signing Authority _____

On-Site Contact Person _____ Cell # _____

Business Name _____

Address _____

City _____ State _____ Zip _____

Business Phone () _____ Residence Phone () _____

Cellular Phone () _____ Other Phone () _____

Fax () _____ E-mail Address _____

Federal Taxpayer's ID # _____ **CA Seller's Permit #** _____

Located on your federal tax return **Attach copy to application**

How long in business? _____ Sole Proprietor Partnership Corporation Other _____

UTILITY REQUIREMENTS

Please provide 'real' numbers running at maximum capacity. If we are not informed of proper requirements, we may not be able to provide service. Be SPECIFIC. Vendors are responsible for any/all adapters.

Stand/Trailer: Voltage: _____ Phase: _____ Amps: _____

Refrigerator: Voltage: _____ Phase: _____ Amps: _____

Other: Voltage: _____ Phase: _____ Amps: _____

Stand/Trailer requires: Running Water Sewer

DIMENSIONS

Provide diagram of full set up to help us configure accurate layout

Check all that apply: Cart Stand/Trailer End Serve Side Serve

Provide accurate dimensions of front, depth & height footage required when set up (include all awnings, counters and back area). Length _____ X Depth _____ Height _____

(Be sure to include hitch if not removable)

INSURANCE

Proof of insurance is required with each contract. Each exhibitor must provide proof of general liability insurance of at least \$1,000,000. A certificate with the required endorsements (see attached) **must be on file prior to setting up your space.** Please check the form of insurance that covers you during the fair.

My own carrier Carrier Name _____

Phone # _____ Fax # _____

WFA Master List CFSA# _____ Policy Expires _____

Buy through California Fair Services Authority (CFSA) Cost is \$130.00 (subject to change).

Workers Compensation Coverage:

If you hire employees for fairtime operations, you must provide workers compensation coverage. If the business is solely owner-operated and no outside employees are hired, you

MUST submit the attached form.

MENU:

Attach a typed or printed list of all proposed menu items. List must include sizes, descriptions and prices for each item. The Sacramento County Fair reserves the right to delete certain items from your menu in advance; and an approved menu will be made part of the contract.

FOOD SAFETY CERTIFICATION

California Law requires that at least one owner/manager of each food concession be Food Safety Certified by an approved program.

Certified food safety testing providers:

- American Food Safety Institute 800.723.3873
- California Restaurant Association 800.794.4272
- California Food Handlers School 800.510.0525

You must provide a copy of your current ServSafe certificate

REFERENCES

List 2 fairs, festivals or shows you have recently participated in:

#1 _____

Contact Person _____ Phone# _____

#2 _____

Contact _____ Phone# _____

Megan’s Law From

One of the fundamental responsibilities of Cal Expo is to protect the public. As a Cal Expo business partner, the Sacramento County Fair has subsequently implemented a policy requiring that all persons conducting business with, employed by, or volunteering at Cal Expo during the course of the annual Sacramento County Fair shall provide the necessary personal information to enable their names to be searched through the Department of Justice’s Megan’s Law files. This file consists of records of individuals convicted of specified sex offenses who are required by Penal code Section 290 to register as sex offenders.

CERTIFICATION OF APPLICANT:

I have read and understand the instructions and any additional information attached. I understand that this form is an application for space only, and is not an offer by the Sacramento County Fair. I certify all information contained in this application to be true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____ Title: _____