

**2019 Clearwater Fall Festival**

Food Concession Application

**Completed form must be returned by June 7, 2019**

Food Coordinator – Clearwater Fall Festival

PO Box 112, Clearwater, KS 67026

ORGANIZATION/BUSINESS NAME – Please print as you would like it to appear in the program:

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**References – Complete only if you have never participated in Clearwater Fall Festival:**

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

**IMPORTANT! Please complete concession booth information in full include a photo and description of the booth you will be using, including any attachments. (Awnings, tents, etc.)**

**Dimensions (with attachments).**

\_\_\_\_\_

Electrical: \_\_\_\_\_

\_\_\_\_\_

Supply vehicle Description/

Dimension: \_\_\_\_\_

Licensed for Food Vending in the State of Kansas: \_\_\_\_\_ Yes \_\_\_\_\_ No

Licensed in other States? If so, please List: \_\_\_\_\_

How does your facility meet Kansas Health Code requirements for proper temperature storage, food handling/preparation and cleanliness (hand and utensil washing)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 2019 Fall Festival

### Food Concession Agreement

This agreement is made between the Clearwater Fall Festival, Clearwater, KS

\_\_\_\_\_ (Food Establishment), hereafter referred to as the concessionaire.

It is mutually agreed the two parties that:

1. Booth location will be designated by The Festival.
2. Concessionaires must have signed contract prior to setting up.
3. Concessionaire will be in the operation during Festival hours:

Thursday, September 19<sup>th</sup> 2019 – 5pm to 11pm

Friday, September 20<sup>th</sup>, 2019 – 5pm to 11pm

Saturday September 21<sup>st</sup>, 2019 – 10am to 11pm

4. CONCESSIONAIRE MAY NOT SET UP BEFORE 12 NOON ON THURSDAY, SEPTEMBER 19<sup>TH</sup>, 2019.
5. BOOTH SET UP MUST BE COMPLETED BY 5PM ON THURSDAY, SEPTEMBER 19<sup>TH</sup>, UNLESS OTHER DATES WERE REQUESTED.
6. CONCESSIONAIRE IS RESPONSIBLE FOR KEEPING THE FESTIVAL GROUND CLEAR OF LITTER WITHIN A 10 FOOT RADIUS OF BOOTH.
7. ALL SUPPLIES MUST BE CONTAINED WITH FENCING OR SCREENING AROUND THE BOOTH.
8. WATER HOSES SHOULD BE WELL MAINTAINED AND NOT LEAKING. BINS BARRELS IN WHICH DRINKS ARE ICED-DOWN MUST BE DRAINED TO PREVENT EXCESSIVE ICE-MELT AND RUNOFF IN THE FOOD AREA WALKWAYS.
9. VEHICLES ARE PROHIBITED IN THE FOOD VENDOR AREA DURING FESTIVAL OPERATION HOURS, HOWEVER, PUSH CARTS OR GOLF CARTS CAN BE USED TO MOVE SUPPLIES IN AND OUT OF THE AREA.
10. CONCESSIONAIRE MUST SELL ONLY THE FOOD ITEMS THAT ARE LISTED IN THE CONTRACT. CHANGES TO THE MENU MUST BE APPROVED BY THE VENDOR COORDINATOR. SIGNAGE MUST PROMPTLY DISPLAY THE CONTRACTED FOOD ITEMS ONLY AND REFLECT CORRECT PRICES FOR THE

**PRODUCTS. PRICE MAY NOT BE RAISED DURING THE COURSE OF THE FESTIVAL.**

**11.THE FESTIVAL IS AN OUTDOOR EVENT AND THE FOOD CONCESSIONS WILL REMAIN IN THE CLEARWATER CITY PARK, RAIN OR SHINE.**

**12.SECURITY WIL BE PROVIDED IN THE PARK, BUT YOU AS A CONCESSIONAIRE SHALL ASSUME ALL RISK AND RELEASE THE CITH OF CLEARWATER/CLEARWATER FALL FESTIVAL FROM ANY LIABILITY FOR ANY INJURIES OR DAMAGES TO YOURSELF, YOUR EMPLOYEES OR OTHERS WHICH MAY OCCUR AS A RESULT OF THE PERFORMANCE OF YOUR DUTIES UNDER THIS CONTRACT.**

**13.CONCESSIONAIRE MUST PROVIDE THE CLEARWATER FALL FESTIVAL WITH A CERTIFICATE OF INSURANCE FOR YOUR INSURANCE CARRIER LISTING THE CLEARWATER FALL FESTIVAL AS AN ADDITIONAL INSURED, AND INDICATING GERTAL LIABILITY LIMTS FOR PERMISES AND OPERATIONS AS WELL AS PRODUCT LIABILTY.**

**14.THE FEE FOR THE 2019 CLEARWATER FALL FESTIVAL WILL BE \$175.**

**Please return the following by June 7<sup>th</sup>, 2019**

- **Signed Application**
- **Certificate of insurance**
- **Food Vendor License (copy)**
- **Check for \$175 to Clearwater Fall Festival Mail To:**

**Food Coordinator**

**Clearwater Fall Festival**

**PO Box 112**

**Clearwater, KS 67026**

**Concessionaire Signature Date:**

\_\_\_\_\_  
**Print Name:**

\_\_\_\_\_  
**Address:**

\_\_\_\_\_  
**City KS Zip:**

\_\_\_\_\_  
**\*\*Please retain a copy of this agreement for your records**