



CITY OF CHINO CHINO SUMMER NIGHTS FOOD VENDOR APPLICATION

Chino City Hall-Lawn
13220 Central Avenue, Chino, CA 91710
Fridays, June 16-July 21, 2017 • 6:30-10:00 p.m.
Subject to Approval



Name of Organization/Company _____
Full Name of Contact Person _____ Title _____
Address _____ City _____ Zip _____
Day () _____ Mobile () _____ E-mail _____

Please Circle Date/s: **6/16** **6/23** **6/30** **7/7** **7/14** **7/21**
Select Vendor Type: Profit: \$32/week Non-Profit: \$16/week Non-Profit ID # _____

NOTICE: PLEASE BE AWARE OF THE FOLLOWING:
PLEASE INITIAL THAT YOU HAVE READ BELOW: _____

- VENDOR/APPLICANT MUST BE PRESENT FOR THE ENTIRE DURATION OF THE EVENT.
- THE CITY OF CHINO WILL NOT MONITOR NOR GUARANTEE EXCLUSIVITY OF MERCHANDISE SALES.
- **NO REFUNDS** OR CANCELLATIONS **TWO WEEKS PRIOR TO SELECTED DATES** (NO LATER), UNLESS SPOT IS FILLED.

Please list all food items, beverages/refreshments, etc. to be sold. Food items will be approved on a first-come, first-served basis. *Only the items listed here and approved by the City will be allowed to be sold in your booth, no exceptions.*

1st Choice: _____
2nd Choice: _____

Food will be: Prepared on-site Pre-packaged
If preparing food, what type of cooking equipment will be used? _____
(Gas grill, hot pot, crock pot, etc.)

Type of booth: Canopy; measurements _____ Food truck; measurements _____

Will you need electricity? Yes No
Number and type of electrical items to be used: _____
(Coffee pot, electric grill, crock pot, etc.)

What type of fire extinguisher will you have in your booth/food truck? Fire extinguisher grade _____

- At minimum, a Class 2A10BC Fire Extinguisher is required for open flames.

What type of Health Permit do you have with San Bernardino County? Annual permit One-day permit
• Submit a copy of the annual permit with this application. One-day permits must be made available to the City five days prior to the event.

GENERAL FOOD VENDOR INFORMATION

- Booth set-up begins at 4:30 p.m. Please have booth ready by 6:00 p.m.
- A 10'x10' space will be provided for participants. Applicant is responsible for tables, chairs, shade, etc.
- Electricity (20 amp circuits) will be provided only if requested in advance.
- Food Vendors must comply with all county health and fire department requirements (fire extinguisher, netting/screening, hand washing equipment, etc.).
- Food vendors must have or obtain (1) a Temporary Food Facility Health Permit with the San Bernardino County Department of Environmental Health Services; (2) City of Chino one-day business license or provide proof of Annual Business License, **BUSINESS LICENSE #** _____; (3) will provide proof of \$1 million liability insurance listing the City of Chino as an additional insured; and (4) will provide proof of State Board of Equalization seller's permit for temporary location.
- Food vendors understand the event will be *cancelled* in case of severe weather. If the City cancels the event, a full refund of City fees (food booth and City business license) will be issued to food vendors.
- Any individual behaving inappropriately or unsafely will be ejected and denied future participation.

Vendor applications will be accepted two weeks prior to selected date (or until spots are filled).

Mail/Submit applications with proper payment to:
Carolyn Owens Community Center
13201 Central Avenue, Chino, CA 91710
Attn: Nikki Hendricks

For more information, contact:
Nikki Hendricks - 909.334.3500
Nhendricks@cityofchino.org
Make check/money order payable to: **City of Chino**

-Please turn over for more information-

*** WAIVER AND RELEASE BY APPLICANT(S)
FOR PARTICIPATION IN A CITY OF CHINO SPONSORED PROGRAM**

Participant Name: _____ Activity: Chino Summer Nights

Program Dates: From: June 16, 2017 To: July 21, 2017

In exchange for being permitted to participate in any City of Chino activity, I acknowledge and attest to the fact that:

1. My participation, and/or that of my child/children/guardians, is voluntary.
2. My participation, and/or that of my child/children/guardians, potentially can result in injury, death, property damage, and other losses.
3. I am legally competent to understand and accept the associated risks.
4. I will not pursue legal actions against the City for matters arising as a result of my participation, and/or that of my child/children/guardians.
5. I am responsible for payment of all charges associated with my participation, and/or that of my child/children/guardians, for any damages to the City property or other losses of any involved.
6. I will defend the City and its representatives against any claims or lawsuits that are a result of my participation, and/or that of my child/children/guardians.
7. I agree that the City can take photographs and/or film me, and/or my child/children/guardians, while participating in a City activity and/or at a City facility to be used for promotional purposes; and, further that these will be the sole property of the City.
8. I understand that rates, fees, dates, times, classes, schedule of classes, and instructors established by the City may change at any time without notice.
9. I agree that City fliers and class schedules are not an expressed or implied contract.
10. I agree that the City is not responsible for any damage or loss that may arise from a misunderstanding, error, or omission.
11. I understand that the City reserves the right to change or cancel any or all of the participation/use rules at any time.
12. I understand that any individual behaving inappropriately or unsafely will be ejected and denied future participation.

I am signing a full release of any and all liability against the City of Chino and do so of my own free will.

Printed Name: _____ Parent/Guardian

Signature: _____ Date: _____

Address: _____

Phone (day): _____ Phone (evening): _____ Phone (cell): _____

Organization (if any): _____

The City of Chino, in compliance with the Americans with Disabilities Act (ADA) does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs, events, or activities. Requests for accommodations and information regarding provisions of the ADA may be requested from Michael Heroux, ADA Coordinator, at 909.334.3308.

.....**FOR OFFICE USE ONLY**.....

Staff member printed name: _____ Title: _____

Staff member signature: _____ Date: _____

*** To be completed by each adult (18 years of age or older)**