



CITY OF CHINO
FOOD VENDOR APPLICATION
2022 HALLOWEEN SPOOKTACULAR
AYALA PARK, 14225 CENTRAL AVENUE, CHINO
MONDAY, OCTOBER 31, 2022

Office Use Only Date Received: _____ Staff's Initial: _____

Name of Organization/Company _____ E-mail _____

Full Name of Contact Person _____ DOB _____

Address _____ City _____ Zip _____

Day (____) _____ Mobile (____) _____ E-mail _____

Emergency Contact _____ Phone (____) _____ Relationship _____

Select Vendor Type: Profit: \$90 Non-Profit: \$60; Non-Profit ID # _____

Please list all food items, beverages/refreshments, etc. to be sold. Food Vendors will be selected based on application priority and food items. All food vendors are permitted to sell soda, water, chips, and basic coffee for \$1.00 each. **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 the San Bernardino County?

Annual permit One-day permit **HEALTH 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.

EVENT REQUIREMENTS

- Complete application form and submit. **(Payment is due after approval of participation from City staff.)**
- Completed applications will be accepted on a first-come, first-served basis or until spots are filled. Incomplete applications will not be processed.
- Submit signed City of Chino hold harmless/waiver form. (See waiver on the back of this form)
- Submit copy of City of Chino Business License. BUSINESS LICENSE #** _____
 - Businesses located outside the City of Chino (who do not have a City of Chino Business License) are required to obtain a "one-day" Vendor Permit.
 - One-day permits are \$13. Additional fees may be required by the City of Chino, Finance Department, Business Licensing, 909.334.3263.
- I am a non-profit organization and have a valid 501(c)(3). 501(c)(3) #** _____
 - All Non-profit organizations are required to submit a "one-day" Vendor Permit.
 - Fees will be waived upon verification of non-profit status by the City of Chino, Finance Department, Business Licensing, 909.334.3263.
- **Once approved, food vendors must provide a copy of the following:**
 - Temporary Food Facility (TFF) Health Permit from the San Bernardino County Department of Environmental Health Services.
 - Proof of \$1 Million liability insurance listing the City of Chino as an additional insured.
 - Proof of State Board of Equalization seller's permit for temporary location.

GENERAL FOOD VENDOR INFORMATION

- A standard 10' x 10' space will be provided in a grassy area for registered food vendors. Electricity (20-amp circuits) will be provided only if requested in advance.
- Accessible Vending requires a maximum counter height of 34".
- Registered food vendors are responsible for supplying their own tables, chairs, shade, and must comply with all County Health and Fire Department requirements (fire extinguisher, netting/screening, hand washing equipment, etc.).
- Any individual behaving inappropriately or unsafely will be ejected and denied future participation.
- **Food vendors will be allowed to enter the food vendor section to set up at 2:00 p.m. All vendors MUST be ready for business by 3:30 p.m.**
- **No REFUNDS AFTER FRIDAY, OCTOBER 14.**
- If the event is *cancelled* due to severe weather, a full refund will be issued for booth fee. However, Business Licensing does not provide refunds.

Complete applications will be accepted ONLY through Friday, September 30, 2022 (or until spots are filled). Submit complete applications to:

Email: Caguirre@cityofchino.org

Fax: 909.334.3722

Mail/In-Person: Carolyn Owens Community Center • 13201 Central Avenue • Chino, CA 91710

Attn: Cristina Aguirre, Community Services Coordinator

For more information or special requests/considerations, please contact

Cristina Aguirre, Community Services Coordinator, at 909.334.3324, or caguirre@cityofchino.org.

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

Participant Name: _____ Activity: Chino Halloween Spooktacular

Program Dates: From: Monday, October 31, 2022 To: Monday, October 31, 2022

In exchange for being permitted to participate in any City of Chino activity and/or use any City of Chino facility, 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, may result in injury, death, property damage, and other losses, and I assume all of those risks.
3. I am legally competent to understand and accept the associated risks.
4. I waive, and release the City, its officials, employees, and volunteers from, all claims for any injury, death, property damage, or other loss resulting from my participation in the activity, and/or that of my child/children/guardians.
5. I am responsible for payment of all fees for, and liabilities and damages resulting from, my participation in the activity and/or that of my child/children/guardians, including damages to City property, injury to other participants, or other losses of any kind.
6. I will defend the City and its representatives against any claims or lawsuits that are a result of my willful misconduct, and/or that of my child/children/guardians.
7. I agree that the City can take photographs and/or film me, and 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 such photographs and film will be the sole property of the City and that neither I nor my child/children/guardians will be entitled to any license fee or royalty for the City's use thereof.
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 and 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 related to the activity.
11. I understand that the City reserves the right to change or cancel any or all of the participation/use of rules at any time.
12. I understand that any individual behaving inappropriately or unsafely will be ejected and denied future participation.
13. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. Although the City is following recommended steps by County health officials, the City cannot protect participants and their family against all possible risks of COVID-19. I understand and acknowledge that participants are encouraged to wash their hands frequently and must take all necessary steps to protect their health consistent with federal, state, and county public health guidelines. By participating in the activity, potentially being exposed to others who might have COVID-19, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child or children and I may be exposed to or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

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): _____

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

Staff member printed name: _____ Date: _____