



Christmas Tree Lighting Food Vending

Downtown
2015 Christmas Tree Lighting
Saturday, December 5, 2015

6:00-9:00 p.m.

Vendor must complete the Union County Environmental Health, Temporary Food Service Permit Application (Document B) form and checklist. Vendor must include a check for \$75.00 payable to Union County Health Department **if applicable.** **Please call Christy Ford, Special Events Coordinator, Union County Health Department, 704.283.3824 with any questions.**

All application materials, including payment must be returned to Downtown Monroe, PO Box 69, Monroe, NC 28111-0069. **APPLICATION DEADLINE IS Noon Friday, November 20th, 2015.** Also include any supporting documentation per application for consideration. Selection made from complete applications only. Incomplete applications will not be considered.

Christmas/Holiday Themed Dessert Type Foods/Beverages are the only eligible items to be considered for vending at this event.

Space will be limited and Vendors will be selected on a first come first serve basis.

Selected vendor is required to contract with the City of Monroe.

Space is limited to a 10 X 10 booth area. All tents, tables, chairs and any materials for booth set-up/breakdown are the responsibility of the vendor. Vendors will be assigned locations.

All vendors must be self contained, meet all health department regulations and be able to obtain any health department permits to operate a mobile food unit.

One electrical outlet is provided to each vendor. Location will be assigned by the City. Power demand is limited; any equipment that requires higher demands than the 120 volt/30 amps provided is the responsibility of the vendor. Any vendor equipment causing disruption in service due to overloading will be required to discontinue use.

Vendor Set-up begins at **5:15** day of event date. Set-up must be complete by **6:00**. No vehicles allowed remaining at location after set-up.

Breakdown begins at **9:00**. Vendors will not be allowed to breakdown booths prior to **9:00**.

_____ Vendor Initial

Vendor is responsible for leaving area clean and litter free and properly disposing of all waste.
NO dumping of used oil/grease into trash containers, grounds or streets in Downtown Monroe.

NON-ADHERENCE TO ANY OF THESE RULES MAY RESULT IN FORFEITURE OF FUTURE PARTICIPATION IN CITY EVENTS. BY PARTICIPATING, VENDORS ARE AGREEING TO HOLD THE CITY OF MONROE AND ITS SPONSORS HARMLESS FOR ANY ACCIDENTS WHICH MAY ARISE.

I understand the City of Monroe "Christmas Tree Lighting," its employees, representatives; contractors and volunteers shall not be responsible or liable for the property of any vendor, any loss, damage or injury occurring to any vendor, or its representatives. All property of the exhibitor shall be under the care, custody and control of the vendor whether in transit to, from or within the City of Monroe "Christmas Tree Lighting."

_____ Signature _____ Date

_____ Vendor Initial



300 W Crowell, PO Box 69, Monroe, NC 28111-0069

OFFICE USE ONLY	
Event Name / Year	_____
Date Received	_____ Time _____
Amount Paid	_____ Check No. _____
Cert. of Insurance	_____
Business License	_____ Permits _____
Taxes	_____
Complete application	Yes/No
Notes:	

SPECIAL EVENT FOOD VENDOR APPLICATION

Business Name: _____ Phone _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Tax ID number: _____

e-mail: _____

Electrical Hook-Up Needed (**if provided**)? (Yes) (No)

120 volt outlet provided to Vendor. Any requirements that differ are the responsibility of the vendor.

Location

All spaces will be located within the designated festival area as determined by the City and will be selected based on the space and electrical requirements of each vendor. All vendors will be notified of their specific location.

Menu:

Please list and price all menu items to be sold including beverages. Food items ONLY:

_____ Vendor Initial

Previous Events Vended: (event name, city, contact name & number)

1. _____

2. _____

3. _____

References: (name, telephone, email)

1. _____

2. _____

3. _____

All checks should be made payable to City of Monroe and mailed to:

**Vendor
City of Monroe
PO Box 69
Monroe, NC 281110069**

ATTN:

Hold Harmless Agreement

I, _____, do hereby agree to indemnify and hold harmless the City of Monroe and their respective officers, agents members and employees of any sponsoring organization, underwriters, individually or collectively, from all fines, penalties, liabilities, losses, claims, injuries, damages and expenses, including court costs and attorney's fees, incurred or suffered as a result of or relating to my participation in any City of Monroe event or pre-criterium event.

Signature

Date

Printed Name

I agree by signing above that I have received, read, understand and comply with all Vendor rules and regulations set forth by the City of Monroe.

IMPORTANT

Please return COMPLETED application form including the following:

- **Insurance information**

_____ Vendor Initial

- **Tax ID number**

Also include any supporting documentation per application and payment in full for consideration. Selection made from complete applications only. Incomplete applications will not be considered. Check of Vendors not selected will be returned.

_____ Vendor Initial