



21- A DISTRICT AGRICULTURAL ASSOCIATION

To: Food and Beverage Commercial Vendors

Re: Application 2023 Madera Fair

As we move forward into this process and the next fair we do want thank you for your interest of being a part of the Madera District Fair. Please visit our vendor page at www.maderafair.com/vendor to apply online where you will find the preferred method of submitting your application.

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If you would prefer a traditional application in PDF it is attached to this email or we can mail it too! Upon approval, a rental contract and exhibits will be sent to you.

A few things to remember,

- If you need CSFA Insurance you will have to purchase through us for \$145.00.
- \$500.00 minimum guarantee against 25% of gross sales before taxes, whichever is greater,
- And lastly, your Madera County Health Permit Application and Fees will be added to the contract. At this time it is estimated these fees will approximately be \$140.00.

We value you and what you bring to the table to make this fair great! We look forward to seeing you soon. If you have any questions, please feel free to contact us by phone (559) 674-8511 or e-mail: lynnette@maderafair.com

See You at the Fair!

September 7th-10th 2023!



1850 W. Cleveland Ave., Madera CA 93637
Office: (559) 674-8511 Fax: (559) 674-4516

Email: lynette@maderafair.com

SEPTEMBER 7th – 10th 2023

FOOD AND BEVERAGE APPLICATION

DO NOT SEND MONEY WITH THIS APPLICATION

This application **IS NOT** a guarantee of space. Please answer all questions completely so we can give full consideration to your application. This application is neither a commitment by the applicant nor an offer by the 21-A District Agricultural Association, Madera District Fair, to rent space.

FAIR HOURS: **Thursday-Friday 5:00-11:00pm** **Saturday – Sunday 3:00-11:00pm**

FOOD AND BEVERAGE FEES:

\$500.00 minimum guarantee against 25% of gross sales before taxes, whichever is greater.
Madera County Health Department fee per food trailer. At this time, it is estimated these fees will be approximately \$140.00.

BUSINESS INFORMATION - (INFORMATION MUST MATCH INSURANCE CERTIFICATE)

Business Name: _____

Owner Name: _____

Mailing Address: _____

Phone: (____) _____ **Cell:** (____) _____

Email: _____ **Website:** _____

Please Provide Social Media Handle: _____

On-Site Contact/Phone: _____

UTILITY REQUIREMENTS

Please provide amperage requirements for running at maximum capacity. If we are not informed of proper requirements, we may not be able to provide service - **BE SPECIFIC**. You **must** account for **all** equipment.

Do you require power? YES NO Voltage _____ Amps _____

*If you require multiple connections, please list under "Special Trailer Setup" in the next section.

Do you require water/sewer? YES NO

Does your stand produce oil? YES NO If yes, how many gallons are estimated? _____

Do you need a used oil bin? YES NO

*All used oil must be poured into oil bins provided by the Fair. Original oil boxes or other containers are not acceptable. Non-compliance will be cause for a clean-up & disposal fee.

Do you use/bring propane tanks? YES NO If yes, how many gallons on site? _____

OVERALL FOOTPRINT OF SPACE REQUIRED

Total Space Requested: (INCLUDING OPEN AWNING, HITCH, SERVING COUNTER AND BACKYARD)

Frontage _____ Depth _____ Height _____

Type of Stand:

Self-Contained Trailer - Length: _____

Other (tents and tarps are not permitted without being fire retardant certified)

please specify: _____

Food stands must be approved and inspected by Madera County Environmental Health Dept. & OSFM and additional application and fees will be required

Please list any special trailer setup and stored needs. For example, additional trailers, refrigeration units, fuel storage, golf carts, electrical, etc.

MENU ITEMS:

Please attach a list of menu items including beverages and the proposed prices you wish to sell. **Be specific**, as your menu items will become a part of your contract and relayed to Madera Health Department. Lastly, **please attach 3 recent photos** that best reflect your setup, stand(s) and products. Your application may not be considered without a photograph of your booth.

INSURANCE

Proof of Insurance is required by all vendors. Please check which form of insurance will cover you during the fair.

___ My own insurance carrier. I will provide the documents needed by August 1st, 2023.

___ CFSA Master List with CFSA # _____ Policy Expires on: _____. I will provide the documents needed by August 1st, 2023.

___ I will purchase California Fair Services Authority Insurance for \$145.00 CFSA Insurance provides secondary coverage.

Each exhibitor must provide the Madera District Fair with proof of general liability insurance of no less than \$1,000,000. Product liability of no less than \$1,000,000 is required for food samplers. Certificates of Insurance with required endorsements will be required with each contract. If a contract is issued, you will receive insurance requirements with additional insured verbiage. **Completing this form does not constitute proof of insurance. Proof of insurance will be required once a contract has been issued. Each vendor who hires employees must also provide a copy of worker's compensation insurance.**

I certify all information contained in this application to be true and accurate. I understand that this application in no way implies or guarantees that space will be offered. The Madera District Fair reserves the right to refuse any application and may refuse to execute a contract without giving reason for same or to relocate a Food and Beverage vendor at any time for the betterment of the Fair.

I understand that no money is due at this time, however, should this application be approved, a contract may be awarded and all fees shall be due at the time of contract execution. I understand that if awarded a contract, I will be required to participate and operate my food and beverage space and in compliance with Fair hours of operation beginning Thursday, September 7th through Sunday, September 10th, 2023. I have read and understand the instructions and additional information attached.

Name: _____ **Date:** _____
(Please Print)

Signature: _____