Juneteenth Community Empowerment Festival
Vendor Application June 5 & 6, 2015

Food vendors will be chosen based on their ability to offer an enhanced festival experience to the public. For more information, contact Gregory Royal at (252) 314-7030 of gkroyal@aol.com.

Company Name

_____

Contact

Name_____

Address_____

City_____

State_____ Zip Code_____

Daytime Phone Number_____

FOOD ITEMS (List all food items you wish to offer)

_____

PAYMENT INFORMATION

_____

Check the appropriate Committee

Juneteenth ..... _____

Community Empowerment_____

_____

Electrical Needs_____

Water: (Circle) Yes No

HOURS OF OPERATION

June 5, 2015 Vending fee is a flat $75.00	$75.00
June 6, 2015 Saturday vendor fees below	
10 X 20 FOOD SALE (MORE THAN ONE ITEM)	$150.00
10 X 10 (ONE FOOD ITEM ONLY)	$75.00
10 X 10 Non-Food	$75.00
10 X 10 Advertisement Information	$25.00
10 X 10 Health Information	FREE
TOTAL ENCLOSED	

Payment Method (Check one)

- Money Order
- Cashier's Check
- Cash
- Check

Payment Amount $_____

Signature _____

Date _____

Friday -June 5, 2015 6:00 pm – 12:00 am Saturday - June 6, 2015 8:00 am – 9:00 pm

Check one (Friday only ___) (Sat. only ____) (Friday & Sat.____)

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WAIVER OF LIBABILITY

Waiver of Liability: In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Juneteenth Community Empowerment Committee, City of Rocky Mount, their representatives, successors and assigns, for any and all injuries suffered by me in this event. Further, I hereby grant full permission to the Juneteenth Community Empowerment Committee, the City of Rocky Mount and/or agents authorized by them, to use any photographs, video tapes, motion pictures, recordings and any other record of this event for any legitimate purpose.

I agree to the terms of the Waiver of Liability.

Signature_____ Date_____

WAIVER MUST BE SIGNED OR THIS APPLICATION WILL NOT BE ACCEPTED.

Application Process

Include the following:

1. Payment must be included with application.
2. Make sure to sign and date the Waiver of Liability on application.
3. Make checks payable to: Juneteenth Community Empowerment.

Mail application to:

Juneteenth Committee

P. O. Box 6447

Rocky Mount, NC 27801

Upon receipt of the listed items above, Juneteenth Community Empowerment Committee will send you a confirmation letter.

Food Items

Please include a detailed list of what you wish to sell. Vendor Coordinator, Gregory Royal, will ensure that the main food items will not have more than two vendors unless it is determined that there will be enough business for that item such as funnel cakes.

(On Friday all vendors must set up at 4:00 pm and be complete by 6:00 pm)

(On Sat. all vendors must set up at 7:30 am and be complete with set up by 10:00 am)

Check one (Friday only ___) (Sat. only ____) (Friday & Sat.____)

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Rules & Regulations

1. **No applications will be accepted after May 29, 2015.**
2. **Space location** request **will be considered, but not guaranteed.**
3. **Vendors must provide all equipment, tables, chairs, tents and signage for their space.**
4. **Amplified sound is not allowed.**
5. **Vendors can only sell what they are pre-approved to sell.**
6. **The vendor listed on the application is the only one that can use the assigned space.**
7. **All merchandise must be the property of the vendor on the application.**
8. **All merchandise must be listed on the application and approved for sale.**
9. **Vendors are not allowed to pour grease, oil, soapy water or food debris on the ground or in public trash containers.**
10. **Space assignment, additional information, and parking instructions will be given out upon arrival.**
11. **No refund will be made once an application is accepted and confirmation is made. Applications not approved will receive a full refund.**
12. **Vehicles may not be parked in vendor space or festival area. Vendor parking is available.**
13. **For food safety purposes, all vendor booths must remain in operation until 7:30pm.**

Health Department Rules and Regulations Information

The Edgecombe County Health Department enforces all state regulations regarding food preparation.

Preparing food outside requires strict preparation and storage procedures. Health department staff will inspect booths. If you do not meet standards, they will not allow you to serve the public. Consult Edgecombe County Health Department for information regarding required procedures.

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(On Saturday all vendors must set up at 7:30 am and be complete with set up by 10:00 am)

Check one (Friday only ___) (Sat. only ____) (Friday & Sat.____)

Edgecombe County Health Department
PO Box 100
Tarboro, NC 27886
Phone: (252)641-7573 Fax: (252) 823-2077

TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

Event Information

Event Name _____

Event Coordinator _____

Set-up Date and Time _____

Event Dates ____/____/____ Time_____ Ending___/___/____ Time_____

Vendor Information

Organizational/business Name_____

Contact Person _____ (Phone) ( ) ____-_____ (Cell) ( )____-____

Address_____ (Fax) ( )____-_____ (Pager) ( )____-____

City_____ State_____ Zip_____

Menu:_____

_____

Food Sources (i.e. Supermarket or Food Distributor)_____
*Note: If non-profit, tax exempt or political fund raising group then attach documentation for exemption consideration.

*MENU ITEMS ARE SUBJECT TO APPROVAL AND MAY BE RESTRICTED

Applicant's
Signature_____ Date:_____

Specialist's Signature_____ Date:_____

FOR ENVIRONMENTAL HEALTH SECTION USE
_____Permit is Required
_____Permit in not Required-exempt under GS 130A-250(7) or food items not regulated under 15A NCAC 18A .2600

- Note: Temporary Food Establishment Permit Fee needs to be submitted with Application.
  ($75.00 per permit)

- Note: Application must be submitted at a minimum two weeks prior to event.
  ($75.00 per permit)

EDGECOMBE COUNTY

TEMPORARY FOODSTAND EVALUATION CHECKLIST

_____Hair Restraints (baseball hat, hairnet or visor)

_____Food covered and protected (barrier to shield food from the public)

_____Refrigeration: 45°F or less with accurate air thermometer

_____Utensils and equipment protected (clean and covered)

_____Utensils sink with drain boards or counter space large enough to accommodate largest (i.e. pots, skewers, racks, spoons, etc.)

_____Clean location and equipment

_____*Metal stem-type thermometer accurate to ±2°F (0-220°F)

_____*Properly mixed sanitizer (50 to 100ppm chlorine) in a labeled spray bottle for the use of all clean food-contact surfaces

_____*Sanitizer test strips

_____Approved employee hand-washing facilities/hand soap/paper towels

_____Ability to heat water

_____Approved food grade hose for potable water connections

_____Potable running water under pressure

_____Effective measures taken for fly control (i.e. fans, screens)

_____Tight fitting lids on garbage cans, approved garbage disposal methods

_____Sewer connection leading to proper location (not a storm drain) or proper holding tank and contract with a licensed septage hauler

_____Ice scoops and separate container for ice used with drinks

_____Food stored off the floor (potatoes, onions, etc must be stored on a pallet or by other approved means)

Note: The vendor has the responsibility of verifying with the organizer or sponsors the availability of water and electrical hookups as well as wastewater disposal at each site for food vendors. A food grade hose is required for all drinking water connections. **No disposing of grease and wastewater into the storm drains.** Grease receptacles maybe provided at central sites.

All foods must be obtained from approved sources. Any foods requiring preparation prior to the event will not be allowed. **DO NOT PREP FOOD BEFORE RECEIVING A PERMIT**; any food pre-prepped will be discarded. Foods such as cream filled pastries and pies or salads such as ham, potato, chicken and crab cannot be served in a temporary food establishment.

Representatives of the Edgecombe County Health Department will be available for any event if given enough notice. Any questions can be directed to the Edgecombe County Health Department at (252) 641-7573.