



Dear Oildorado, Inc. Vendor,

Thank you for your interest in Taft Oildorado. The upcoming celebration is scheduled for October 8-17, 2021. There are vendor fairs on October 9-10 and October 16-17 as well as events that include catering or alcohol sales that require this updated information.

There are some changes that you need to be aware of. If you are unable or unwilling to adhere to the new requirements for participation, Oildorado, Inc. will refund any vendor fees already been paid to Oildorado and removed from this year's event. Changing rules and regulations have necessitated this change to our policy. In order to participate as a vendor, you must provide Oildorado with the following items.

**Please initial each item showing you understand the requirements and agree to comply.**

\_\_\_\_\_ **DEADLINE.** You must submit copies of the required documents (samples attached) no later than October 6. Failure to do so will result in cancellation of your application and forfeiture of any fees already paid.

\_\_\_\_\_ **VENDOR FORM.** I agree to submit a completed vendor application that includes a complete listing of all items to be sold and the release agreement must be signed.

\_\_\_\_\_ **PAYMENT.** I understand that any registration fees must be paid at the time the completed application is submitted. A copy of the other documents must be provided by October 6 in order to be considered fully registered. Vendor spaces will be assigned after October 6.

\_\_\_\_\_ **BUSINESS LICENSE.** I agree to obtain a City of Taft quarterly vendor permit or annual business license prior to selling anything in the city. Permits can be obtained at 209 E. Kern Street or by calling 661-763-1222 and speak to Mary Harris.

\_\_\_\_\_ **LIABILITY INSURANCE.** I agree to obtain general liability insurance as Oildorado, Inc. requires a two-page certificate of insurance and must include the following:

- Minimum \$1,000,000 each occurrence with aggregate per policy
- Certificate Holder: Oildorado, Inc.  
P.O. Box 522  
Taft, CA 93268
- Name Oildorado, Inc. as additional insured by written endorsement and include: "Oildorado, Inc. and its board members, committee members, officials, officers, agents, employees, and volunteers are named Additional Insured as respects General Liability" on COI.
- Ensure policy effective during the entire period of event use.

\_\_\_\_\_ **HEALTH PERMIT.** I agree to obtain a Temporary Food Facilities permit from Kern County Environmental Health as they require it to sell drinks or food. This includes both food cooked on-site and pre-packaged items. Single event or annual permits available at 2700 "M" Street, Suite 300, Bakersfield, or by calling (661)321-3000. For a single event permit, denote the dates of October 8-17, 2021. Food risk is assessed by them.

\_\_\_\_\_ **USE OF OILDORADO LOGO AND NAME.** I understand vendors are NOT permitted without approval to use the Oildorado logo, name or likeness on any merchandise including, but not limited to, shirts, hats, cups, wooden crafts, blankets, and materials.

If you have any questions about these requirements or how to obtain the permits, please give me a call and we can discuss. We look forward to seeing you in October for Oildorado 2021.

Thank you,

Mallory Lumsden  
(661)623-2781 / oildoradovendors@gmail.com

# Food & Vendor Application

## October 9-10, 2021



**Weekend Events include:**

Car Show, Whiskerino/Tessie Garratt/Costume Contest, Music, and more!

**Due to changing guidelines and restrictions, the exact vendor location is unknown at this time. Once submitted, you will be contacted with further information as we get closer to the event. Oildorado will take place in downtown Taft, CA.**

Business: \_\_\_\_\_ Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of items being sold (*must be on your application in order to sell*): \_\_\_\_\_

Will you be using a generator?  Yes  No

Will you have a trailer as part of your set-up?  Yes  No Approximate Size: \_\_\_\_\_

**\* Trailer and/or vehicle parking behind/your space is NOT guaranteed.**

**\* RV Camping is available for an additional fee\*\***

<b>Registration Fees:</b>	<u>Through September 1</u>	<u>September 1 – October 1</u>
Arts & Crafts / Non-Profits	<input type="checkbox"/> \$ 75 x _____ = \$ _____	<input type="checkbox"/> \$ 100 x _____ = \$ _____
Commercial / Business Vendors	<input type="checkbox"/> \$ 125 x _____ = \$ _____	<input type="checkbox"/> \$ 150 x _____ = \$ _____
Food /Drink Vendors	<input type="checkbox"/> \$ 150 x _____ = \$ _____	<input type="checkbox"/> \$ 175 x _____ = \$ _____

*\* Not sure what category you fit into? See reverse side for vendor classifications.*

*\* First come, first serve. Oildorado reserves the right to limit total number of vendors selling duplicate/similar items. If a category is filled, your application and fee will be returned.*

**Please make checks/money order payable to: Oildorado, Inc.**  
**Mail completed vendor application, copy of permits, and appropriate fees to:**

Taft Oildorado, Inc.  
 Attn: Vendor Registration  
 P.O. Box 522, Taft, CA 93268  
 oildoradovendors@gmail.com www.taftoildorado.com

No refunds granted after September 1, 2021      Final registration date – October 1, 2021

Credit cards accepted:  Visa  MasterCard  Discover  American Express  
 Credit card number: \_\_\_\_\_ Exp date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ 3 digit code: \_\_\_\_\_

Release Agreement - In consideration of the acceptance of my application for participation into the above event, I assume the risk and hereby release, waive, and forever discharge any and all liability claims against Oildorado, Inc. and the City of Taft for damages, death, personal injury, illness or infectious diseases, and/or property damage which I may have, or which hereafter accrue as a result of my participation in the event, regardless of negligence. This release is intended to discharge entities, their agents, volunteers, and employees from liability.

Signed: \_\_\_\_\_

## ***Vendor Classifications***

### **Arts & Crafts / Non-Profits**

- Items are handmade by the applicant
- Purchased products are significantly enhanced by personal artistic additions
- Local non-profit organizations

### **Commercial/Business**

- Items that are ordered/carried through another company and not homemade by applicant
- Catalog/Consultant sales – Scentsy, Pampered Chef, Tastefully Simple, Mary Kay, etc.
- Insurance, satellite/internet communications, wireless phones & accessories, utilities, financial institutions, etc.

### **Food**

- Any food or drink sales

- All vendors are responsible for providing awnings, tables, chairs, power, etc. Spaces are 12'x12'. Trailer parking is not guaranteed and may not be available, unless food truck.
- Food vendors **must obtain and attach a copy of their valid food permit** from the Kern County Environmental Health Department (#661-862-8740).
- ALL Vendors **must obtain and attach a copy of their business license permit** from the City of Taft (#661-763-1222).
- In the event of an event cancellation due to the matters outside of Oildorado or your control, your vendor fees will be returned.

## ***Taft Oildorado Days Food & Vendor Opportunities*** **Tentative Hours of Operation**

Saturday, October 9, 2021  
9:00 a.m. to 6:00 p.m.

Sunday, October 10, 2021  
10:00 a.m. to 4:00 p.m.

Location – TBD, Taft CA 93268

### **Check-in/setup (subject to change):**

Friday, October 8	5:30 p.m.
Saturday, October 9	6:00 a.m.

Confirmation/more information will be sent upon receipt of vendor application and fees.  
**Space assignments will be sent prior to October 6, 2021.**

### **Questions? Need more information?**

Mallory Lumsden  
661-623-2781

[oildoradovendors@gmail.com](mailto:oildoradovendors@gmail.com)

**\*\*RV Parking is available (\$25 per night) a few blocks from the vendor show.\*\***  
For more information, email [deubanks44@gmail.com](mailto:deubanks44@gmail.com)

# Food & Vendor Application

## October 16-17, 2021



### Weekend Events include:

Grand Parade, Mayor's Luncheon, Melodrama, Live Music, and more!

**Due to changing guidelines and restrictions, the exact vendor location is unknown at this time. Once submitted, you will be contacted with further information as we get closer to the event. Oildorado will take place in downtown Taft, CA.**

Business: \_\_\_\_\_ Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of items being sold (must be on your application in order to sell): \_\_\_\_\_

Will you be using a generator?  Yes  No

Will you have a trailer as part of your set-up?  Yes  No Approximate Size: \_\_\_\_\_

**\* Trailer and/or vehicle parking behind/your space is NOT guaranteed.**

**\* RV Camping is available for an additional fee\*\***

### Registration Fees:

#### Through September 1

#### September 1 – October 1

Arts & Crafts / Non-Profits  \$ 75 x \_\_\_\_\_ = \$ \_\_\_\_\_  \$ 100 x \_\_\_\_\_ = \$ \_\_\_\_\_

Commercial / Business Vendors  \$ 125 x \_\_\_\_\_ = \$ \_\_\_\_\_  \$ 150 x \_\_\_\_\_ = \$ \_\_\_\_\_

Food / Drink Vendors  \$ 150 x \_\_\_\_\_ = \$ \_\_\_\_\_  \$ 175 x \_\_\_\_\_ = \$ \_\_\_\_\_

*\* Not sure what category you fit into? See reverse side for vendor classifications.*

*\* First come, first serve. Oildorado reserves the right to limit total number of vendors selling duplicate/similar items. If a category is filled, your application and fee will be returned.*

**Please make checks/money order payable to: Oildorado, Inc.**

**Mail completed vendor application, copy of permits, and appropriate fees to:**

Taft Oildorado, Inc.  
Attn: Vendor Registration  
P.O. Box 522, Taft, CA 93268  
oildoradovendors@gmail.com www.taftoildorado.com

No refunds granted after September 1, 2021      Final registration date – October 1, 2021

Credit cards accepted:  Visa  MasterCard  Discover  American Express

Credit card number: \_\_\_\_\_ Exp date: \_\_\_\_\_

Signature: \_\_\_\_\_ 3 digit code: \_\_\_\_\_

Release Agreement - In consideration of the acceptance of my application for participation into the above event, I assume the risk and hereby release, waive, and forever discharge any and all liability claims against Oildorado, Inc. and the City of Taft for damages, death, personal injury, illness or infectious diseases, and/or property damage which I may have, or which hereafter accrue as a result of my participation in the event, regardless of negligence. This release is intended to discharge entities, their agents, volunteers, and employees from liability.

Signed: \_\_\_\_\_

## ***Vendor Classifications***

### **Arts & Crafts / Non-Profits**

- Items are handmade by the applicant
- Purchased products are significantly enhanced by personal artistic additions
- Local non-profit organizations

### **Commercial/Business**

- Items that are ordered/carried through another company and not homemade by applicant
- Catalog/Consultant sales – Scentsy, Pampered Chef, Tastefully Simple, Mary Kay, etc.
- Insurance, satellite/internet communications, wireless phones & accessories, utilities, financial institutions, etc.

### **Food**

- Any food or drink sales

- All vendors are responsible for providing awnings, tables, chairs, power, etc. Spaces are 12'x12'. Trailer parking is not guaranteed and may not be available, unless food truck.
- Food vendors **must obtain and attach a copy of their valid food permit** from the Kern County Environmental Health Department (#661-862-8740).
- ALL Vendors **must obtain and attach a copy of their business license permit** from the City of Taft (#661-763-1222).
- In the event of an event cancellation due to the matters outside of Oildorado or your control, your vendor fees will be returned.

## ***Taft Oildorado Days Food & Vendor Opportunities*** **Tentative Hours of Operation**

Saturday, October 16, 2021  
9:00 a.m. to 6:00 p.m.

Sunday, October 17, 2021  
10:00 a.m. to 4:00 p.m.

Location – TBD, Taft CA 93268

### **Check-in/setup (subject to change):**

Friday, October 15	5:30 p.m.
Saturday, October 16	6:00 a.m.

Confirmation/more information will be sent upon receipt of vendor application and fees.

**Space assignments will be sent prior to October 13, 2021.**

### **Questions? Need more information?**

Mallory Lumsden  
661-623-2781

[oildoradovendors@gmail.com](mailto:oildoradovendors@gmail.com)

**\*\*RV Parking is available (\$25 per night) a few blocks from the vendor show.\*\***

For more information, email [deubanks44@gmail.com](mailto:deubanks44@gmail.com)

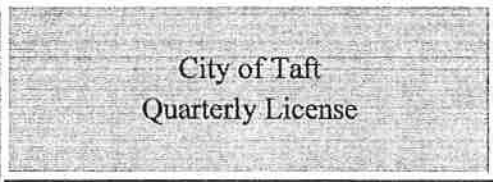


209 E Kern St., Taft CA 93268-3292 Attn: Bus. License Coordinator • (661) 763-1222 EXT. 131

## QUARTERLY BUSINESS LICENSE TAX APPLICATION

APPLICATION MUST BE FILLED OUT COMPLETELY AND SIGNED BEFORE LICENSE CAN BE ISSUED • PLEASE ALLOW 7-10 DAYS TO PROCESS THIS APPLICATION

Business Name _____		Bus. Phone ( ) _____
Business Location _____		Bus FAX ( ) _____
<small>(Cannot be P.O. Box per State of California, Business &amp; Professions Code Section 17538.5)</small>		
Mailing Address _____	Start Date _____	
	Rate Type _____	
DESCRIPTION OF BUSINESS _____		SIC CODE _____
OWNERSHIP: Corporation <input type="checkbox"/> Corp-Ltd. Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Trust <input type="checkbox"/>		
State Lic. No. _____	Lic. Type _____	Expiration Date _____
Resale No. _____	FEIN No. _____	SEIN No. _____
<b>Enter below names of Owners, Partners, or Corporate Officers</b>		
Owner Name _____	Title _____	Soc. Sec. No. _____
Home Address _____		Phone ( ) _____
		Cell Phone ( ) _____
		Drivers Lic. No. _____
<small>(Cannot be P.O. Box)</small>		
Owner Name _____	Title _____	Soc. Sec. No. _____
Home Address _____		Phone ( ) _____
		Cell Phone ( ) _____
		Drivers Lic. No. _____
<small>(Cannot be P.O. Box)</small>		
<b>Additional Information</b>		
No. of Employees _____	No. of Rooms _____	Occupancy Limit _____
		No. of Coin Operated Machine(s) _____
No. of Units (Apartment or Hotel/Motel only) _____	No. of Deliveries per Week (Wholesalers) _____	
<b>In case of emergency, please contact:</b>		
Name: _____	Phone ( ) _____	
Address _____		
<b>Do you own or lease property? If Yes, please enter property owner's name, address, and phone number.</b>		
Name _____	Phone ( ) _____	
Address _____		



Business License Tax	\$ 20.00
State Mandate Fee	\$ 4.00
<b>Total Tax Due</b>	<b>\$ 24.00</b>

Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office. For general information, please call the Board of Equalization at 1-800-400-7115.

**PAYMENT OF A BUSINESS LICENSE TAX DOES NOT RELIEVE THE APPLICANT (BUSINESS) OF THE REQUIREMENT TO COMPLY WITH OTHER REGULATIONS OF THE CITY, COUNTY, STATE, OR FEDERAL GOVERNMENT. I DECLARE, UNDER PENALTY OF PERJURY, THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED ABOVE IS TRUE AND CORRECT.**

\*Date: \_\_\_\_\_ \*Signature of Owner/Representative: \_\_\_\_\_

**RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF TAFT**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/01/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>	<b>CONTACT NAME:</b> Agent Contact Name
Agent Name	<b>PHONE (A/C, No, Ext):</b> Agent Phone Number
Agent Address	<b>FAX (A/C, No):</b> Agent Fax Number
Agent City State & Zip	<b>E-MAIL ADDRESS:</b> Agent Email Address
	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>INSURER A:</b> ABC Insurance Company
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>
	<b>NAIC #</b> 11111

**INSURED**

Vendor Name  
Vendor Address  
Vendor City State & Zip

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			Policy Number	10/08/2021	10/17/2021	<b>EACH OCCURRENCE</b> \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						<b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b> \$ 100,000
	GEN'L AGGREGATE LIMIT / APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						<b>MED EXP (Any one person)</b> \$ 5,000
	<b>AUTOMOBILE LIABILITY</b>						<b>PERSONAL &amp; ADV INJURY</b> \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						<b>GENERAL AGGREGATE</b> \$ 2,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY						<b>PRODUCTS - COMP/OP AGG</b> \$ 2,000,000
	<input type="checkbox"/> HIRED AUTOS ONLY						\$
	<input type="checkbox"/> SCHEDULED AUTOS						<b>COMBINED SINGLE LIMIT (Ea accident)</b> \$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						<b>BODILY INJURY (Per person)</b> \$
							<b>BODILY INJURY (Per accident)</b> \$
	<b>UMBRELLA LIAB</b>						<b>PROPERTY DAMAGE (Per accident)</b> \$
	<input type="checkbox"/> EXCESS LIAB						\$
	<input type="checkbox"/> OCCUR						<b>EACH OCCURRENCE</b> \$
	<input type="checkbox"/> CLAIMS-MADE						<b>AGGREGATE</b> \$
	DED						\$
	RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A				<b>E.L. EACH ACCIDENT</b> \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						<b>E.L. DISEASE - EA EMPLOYEE</b> \$
							<b>E.L. DISEASE - POLICY LIMIT</b> \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Form Schedule, may be attached if more space is required)

Oildorado, Inc. and its board members, committee members, officials, officers, agents, employees, and volunteers are named Additional Insured as respects General Liability.\*

\*Additional Insured endorsement must be included with certificate of liability insurance.

**CERTIFICATE HOLDER**      **CANCELLATION**

Oildorado, Inc.  
P.O. Box 522  
Taft, CA 93268

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**

Must be signed by an authorized representative.

© 1988-2015 ACORD CORPORATION. All rights reserved.

## ENVIRONMENTAL HEALTH PERMIT APPLICATION FORM

Environmental Health Division of Public Health Services Department  
2700 "M" Street, Suite 300, Bakersfield, CA 93301

<input type="checkbox"/> New Business	<input type="checkbox"/> Ownership Change Date: _____	<input type="checkbox"/> Information Change Date: _____
Check applicable boxes and complete entire application	<input type="checkbox"/> Temporary Food Facility – Year <input type="checkbox"/> Temporary Food Facility – One Event <input type="checkbox"/> Community Event Sponsor	<input type="checkbox"/> Charitable Feeding Operation – Registration <input type="checkbox"/> Charitable Feeding Operation <input type="checkbox"/> Cottage Food A <input type="checkbox"/> Cottage Food B

### OPERATOR OR VENDOR INFORMATION

Name:				
Address:				
City:		State		Zip
Home Phone:		Cell Phone		Fax
E-Mail Address:				

### BOOTH INFORMATION

Booth Name				
Address:				
City:		State		Zip
Business Phone:		Cell Phone		Fax
E-Mail Address:				

### BILLING INFORMATION

To which address do you want your renewal invoice sent  Business Mailing Address  Operator Address  Other  
If you checked other, what is the address?

\_\_\_\_\_

Name	Street Address	City	Zip
------	----------------	------	-----

Approval of this application and issuance of an Environmental Health Permit is required before beginning operation. Failure to obtain both may result in a misdemeanor citation and/or closure. By signing this application, you agree to operate in accordance with all applicable state laws and local ordinances.

\_\_\_\_\_

Signature	Print Name	Date
-----------	------------	------

### FOR OFFICIAL USE ONLY

Program ID	Facility ID	Previous Owner ID	New Owner ID
Accounting ID	PE Code(s)		Service Request No.
Total Fees Paid	Received By	Date Paid	Date Mailed



## APPLICATION FOR TEMPORARY FOOD FACILITY PERMIT (Part 2)

<p>Where will the food be prepared before it is transported to the event?</p> <p><input type="checkbox"/> Ingredients are purchased the same day as the event at a market or restaurant.</p> <p><input type="checkbox"/> Some food preparation happens at a commercial facility that has a health permit</p> <p><input type="checkbox"/> Food is prepared in my food facility that has a health permit</p> <p><input type="checkbox"/> Food is prepared at a commissary.</p> <p><input type="checkbox"/> Other, explain</p>	
<p>How is the food going to be kept cold or hot <b>during transportation</b> to the event? Check all that apply</p> <p><input type="checkbox"/> Ice Chest with ice    <input type="checkbox"/> Hot Box (Cambro)    <input type="checkbox"/> Mobile Food</p> <p><input type="checkbox"/> Not Applicable        <input type="checkbox"/> Other, explain</p>	<p>How long will it take to transport the food to the event?</p> <p><input type="checkbox"/> Less than 30 minutes</p> <p><input type="checkbox"/> More than 30 minutes</p> <p><input type="checkbox"/> One day or more</p>
<p>How is the food going to be kept cold or hot <b>during</b> the event? Check all that apply</p> <p><input type="checkbox"/> Ice Chest with ice    <input type="checkbox"/> Hot Box (Cambro)    <input type="checkbox"/> Refrigerator    <input type="checkbox"/> Steam table    <input type="checkbox"/> Mobile Food Facility</p> <p><input type="checkbox"/> Not Applicable        <input type="checkbox"/> Other, explain</p>	
<p>Is the event more than one day? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how will the food kept cold overnight? Check all that apply</p> <p><input type="checkbox"/> Refrigerator    <input type="checkbox"/> Refrigerated Truck    <input type="checkbox"/> Mobile Food    <input type="checkbox"/> Commissary    <input type="checkbox"/> Commercial kitchen</p> <p><input type="checkbox"/> My restaurant/market that has a health permit        <input type="checkbox"/> Other, explain</p>	
<p>Handwashing Facilities:</p> <p><input type="checkbox"/> None (Prepackaged Food &amp; No Sampling)</p> <p><input type="checkbox"/> Hand Sink with waste tanks</p> <p><input type="checkbox"/> 5-gal minimum gravity flow container</p>	<p>Utensil Washing Facilities:</p> <p><input type="checkbox"/> None (Prepackaged Food &amp; No Sampling )</p> <p><input type="checkbox"/> 3 Compartment Sink with waste tanks</p> <p><input type="checkbox"/> Washing and sanitizing containers</p>

1. All individuals who will be working in the food booth will read and comply with the regulations and guidelines contained in the "**Temporary Food Facility Guidelines**" booklet.
2. There will be a person designated as the "Person in Charge" at all times.
3. No food served at the event will be prepared or stored in a private residence.
4. I will close my Temporary Food Facility when there are conditions that may result in unsafe food preparation.
  - a. No water available to wash hands.
  - b. Equipment that is used to hold food hot or cold malfunctions.
  - c. No sanitizer solution is amiable for wiping cloths and utensils.

**By signing below, I certify all information is true and correct to the best of my knowledge.**

Signature

Print Name

Date

