

FESTIVAL USE: DATE \_\_\_\_\_

BOOTH NUMBER \_\_\_\_\_

# 2015 ANNUAL KAOLIN FESTIVAL ON THE SQUARE

## Food Vendor Contract

Saturday, October 10, 2015

I, the undersigned vendor, hereby make application for booth space for sale purposes at the Washington County 2015 Annual Kaolin Festival on the Square. Location: Town Square, Sandersville, GA.

**All food vendors must submit a detailed menu of food items to be sold during the Kaolin Festival prior to application approval.** The Kaolin Festival Committee reserves the right to request additional information from the vendors or request a vendor not to sell an item(s).

- All vendors are required to provide their own tent, tables, chairs, etc.
- All food vendors will be responsible for grease cleanup in your area, so please bring materials to cover the ground where you will be cooking. If your area is not clean, you will not be allowed entry in future Kaolin Festivals.
- All food vendors are required to submit a food permit to the Washington County Health Department (attached). Health department representatives will perform inspections on the square the morning of the Festival.
- Vendors not in compliance with regulations will be closed and escorted off of the food service area. There will be no refund for this violation.
- Water availability may be limited. Please bring bottled water if necessary.
- **NO** smoking permitted in Food Vendor area.
- Booth spaces are **10' X 10'**.
- Set-up may begin at 6:30 A.M. the morning of the Festival. We ask that you please unload your items and remove your vehicle from the food service area. **No vehicles will be allowed in the booth area between 8:30 A.M. and 4:00 P.M.** The square will open at 8:30 A.M. and will close at 4:00 P.M. There will be no dismantling of booths prior to the conclusion of the Festival.
- All vendors are responsible for collecting Georgia Sales Tax in the amount of 8%.
- Deadline for application is Friday, September 11, 2015. This is a first-come, first-serve reservation.
- No refunds will be issued after Friday, October 2, 2015.

Please initial \_\_\_\_\_

I WOULD LIKE TO RESERVE: \_\_\_\_\_ 10'X 10' SPACES AT \$110.00 EACH \$ \_\_\_\_\_

ELECTRICITY REQUIRED ( ) YES ( ) NO OUTLETS ARE \$10.00 EACH \$ \_\_\_\_\_  
LIMIT 2 (one box)

GRILL \_\_\_\_\_ FRYER \_\_\_\_\_ (grease clean-up is the vendor's responsibility)

\*\*\*\*\*  
I HAVE CAREFULLY READ THESE REGULATIONS AND AGREE TO ABIDE BY THEM FOR THIS CELEBRATION. I WILL NOT HOLD WASHINGTON COUNTY, THE CITY OF SANDERSVILLE, THE WASHINGTON COUNTY CHAMBER OF COMMERCE OR THE ABOVE NAMED PERSON(S) RESPONSIBLE FOR ANY LOSS OR DAMAGE TO THE WORK OR PERSONS PARTICIPATING OR ANY INJURY WHICH MIGHT OCCUR WHILE PARTICIPATING.

SIGNATURE OF EXHIBITOR: \_\_\_\_\_ DATE: \_\_\_\_\_

### PLEASE PRINT

NAME: \_\_\_\_\_

ORGANIZATION/ CLUB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

REQUESTED SPACE NUMBER (**SPACE NUMBER IS NOT GUARANTEED**): \_\_\_\_\_

ENCLOSE CHECK PAYABLE TO THE WASHINGTON COUNTY CHAMBER OF COMMERCE  
MAIL TO: 131 West Haynes St., Ste. B, SANDERSVILLE, GA 31082.

WASHINGTON COUNTY HEALTH DEPARTMENT  
201 Morningside Drive  
Sandersville, Georgia 31082  
478.552.3210 fax 478.553.1832

## Minimum Regulations for all Temporary Non-profit Food Events

1. **ALL FOOD MUST BE PREPARED ON SITE. Do not bring items that you prepared in your home kitchen.** This includes everything from baked beans and cole slaw to barbecue and candy apples.
2. Home canned items such as relishes, pickles, pepper sauce, and homemade barbecue sauce can not be sold or served unless inspected or approved by the Department of Agriculture. All food including ice must be from an approved source.
3. Any water hoses must be food grade which are typically white. No green or black garden hoses will be allowed as water supply for food preparation.
4. Hot foods must be held at 140 degrees F. or above and cold foods must be held at 45 degrees F. or below.
5. A food grade thermometer is required.
6. Please return your **completed and signed** application to the Washington County Health Department **10 days prior** to the event at the address above.
7. Bakery items must be on a separate table or a separate booth altogether.
8. Don't forget your hand wash station. A water dispensing container to wet and rinse hands, **soap (not hand sanitizer)**, paper towels, and a container to catch and dispose of the wastewater.
9. These regulations apply to everyone **selling** food that is not commercially prepackaged.

If you have any questions, please call between 8:00 and 4:30 Monday thru Friday.  
Thanks again for your cooperation.

Cordially,

Jason B. Smith  
Environmental Health Specialist IV

Emily J. Bryan-Swindell  
Environmental Health Specialist III

PLEASE TYPE OR PRINT LEGIBLY

**NON-PROFIT TEMPORARY FOOD SERVICE PERMIT APPLICATION**  
**WASHINGTON COUNTY**

NAME OF CONCESSION/FOOD BOOTH (AS IT IS TO APPEAR ON PERMIT)

NAME OF ORGANIZATION OR BUSINESS OWNER

ORGANIZATION OR BUSINESS ADDRESS                      CITY                      STATE                      ZIP CODE                      PHONE NUMBER

PERSON IN CHARGE OR BOTH OR AUTHORIZED AGENT

PERSON/AGENT ADDRESS                      CITY                      STATE                      ZIP CODE                      DAYTIME PHONE NUMBER

NAME OF EVENT \_\_\_\_\_ BEGINNING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_

MENU \_\_\_\_\_

EQUIPMENT TO BE USED AND NUMBER OF EACH \_\_\_\_\_

DESCRIBE METHOD TO PROTECT PREPARATION, COOKING, AND DISPLAY AREA \_\_\_\_\_

HOW WILL SOLID WASTE AND WATER WASTE BE DISPOSED \_\_\_\_\_

NAME AND PHONE NUMBER OF APPROVED RESTAURANT WHERE FOOD WILL BE PREPARED (IF APPLICABLE) \_\_\_\_\_

FOOD SERVICE PERMIT NUMBER \_\_\_\_\_

BRIEFLY EXPLAIN YOUR PROPOSAL FOR TRANSPORTING FOOD TO EVENT AND WHAT FACILITIES WILL BE PROVIDED FOR KEEPING FOOD HOT OR COLD AS REQUIRED

*The undersigned hereby certifies that he/she has received a copy of the Non-Profit Temporary Food Service Guidelines.  
I further certify that I have read, understand, and agree to comply with the provisions of said guidelines and with the rules and regulations for Temporary Non-Profit Food Service O.C.G.A. 26-2-391. Article 14.*

SIGNATURE (REQUIRED)                      BUSINESS OWNER OR AUTHORIZED AGENT                      DATE

FOR MORE INFORMATION CONTACT: JASON SMITH OR EMILY BRYAN-SWINDELL  
Washington County Health Department/Environmental Health Section  
(478) 552-3210

**ALL APPLICATIONS MUST BE RECEIVED AT LEAST 10 DAYS PRIOR TO THE EVENT**