



FOOD VENDOR APPLICATION

Oxnard Tamale Festival
12/7/2019 • Plaza Park

FOR FESTIVAL USE ONLY

Date Received _____ Approved _____
 Space Fee _____ Confirmed _____
 Electricity Fee _____ Space # _____

Please complete all sections. Incomplete applications will not be accepted. **THE APPLICATION DEADLINE IS OCT. 10, 2019**

Business / Company Name: _____

Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

Food Booth Type	Price	Qty.	Total
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Type 1: Open / Open Samplings

10'x10' space \$450 x _____ = _____

10'x20' space \$550 x _____ = _____

Type 2: Pre-Packaged Food ONLY

10'x10' space \$150 x _____ = _____

10'x20' space \$200 x _____ = _____

CFO (Cottage Food Prep., Ventura County Vendors ONLY)

10'x10' space \$150 x _____ = _____

10'x20' space \$200 x _____ = _____

MFF Space (Mobile Food Facility) \$500 x _____ = _____

MFF Type (Circle One): 1 2 3 4

Vehicle License Plate # _____

VCEHD Annual Permit # _____

Description - Provide a brief description of tamales/food, please include varieties, and regions. If needed, attach additional sheets.

VC Environmental Health Permits - Please complete the appropriate Community Event Operator Application. **Make a separate check payable to VCEHD (Ventura County Environmental Health Division).**

- TFF-1: Handling Open / Potentially Hazardous Foods \$124.63
- TFF-2: Prepackaged / Non-Potentially Hazardous Foods \$65.92
- DD214: (TFF fees waived for military veterans submitting DD214)

Additional Fees & Options

Electricity (per 20 amp hookup) \$ 25 x _____ = _____

Required

Cleaning Deposit, per space (separate check please) \$ 100 x _____ = _____

Are you bringing your own three-compartment sink? Yes ___ No ___

If not, the Festival has sinks on-site for use. First come, first served.

Submit this application along with fees to: **Oxnard Tamale Festival, 305 W Third St (1st Floor, West Wing) Oxnard, CA 93030.** Reminder: All food vendors are required to contact the Ventura County Environmental Health Department (805) 654-2431 for a permit application.

VENDOR ACKNOWLEDGMENTS. Please read and initial each item. Incomplete applications will be rejected, please note separate checks.

1. I have a check payable to City of Oxnard for booth rental. _____
2. I acknowledge this is a "Rain or Shine" event. _____
3. I agree to keep the booth area clean. _____
4. I agree to be respectful to patrons and participants. _____
5. I agree to arrive NO LATER than 6:30 am and leave NO EARLIER than 6:30 pm. _____
6. I acknowledge that NO REFUNDS will be issued after this application is submitted. _____
7. I have a separate check payable to Ventura County Environmental Health Division. (VCEHD annual permit holders excluded) _____
8. I have a separate check for the cleaning deposit, payable to City of Oxnard. I understand that this check will be deposited. _____

WAIVER OF LIABILITY

In consideration for being permitted to participate in the Oxnard Tamale Festival, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which may occur as a result of participation in this activity. This release is intended to discharge in advance, The Oxnard Tamale Festival, City of Oxnard, Oxnard PAL, its officers and volunteers, sponsors, contractors and agents from any liability arising out of, or connected in any way with, my participation in this activity, even though that liability may arise out of the negligence or carelessness on the part of the persons and entities mentioned above. I agree for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the persons and entities mentioned above and their respective elected and appointed officers, volunteers, official agents, and employees from any and all claims, demands, actions, or suits arising out of or in connection with my participation in the activity.

I have read the "Waiver of Liability" and the vendor information included with this application form and agree to the terms and conditions as outlined for this activity.

Participant Signature: _____

Date: _____