



Food Vendor Application 2019-20

Vendor Name: _____

Business Name: _____

Address: _____

Phone: _____ New Vendor? _____

Email Address: _____

Type of Product: _____

Event(s) Attending (please check box): **Cost:**

<input type="checkbox"/>	Fri, Sept. 27, 2019	6 – 10 p.m.	Fiesta de la Gente	Gentry Park	\$20
<input type="checkbox"/>	Fri., Oct. 18, 2019	5 - 9 p.m.	Fall Harvest Festival	Gentry Park	\$20
<input type="checkbox"/>	Sat., Nov. 2, 2019	8 a.m. – 12 Noon	Salute To Veterans 5K Run	Gateway Park	\$20
<input type="checkbox"/>	Sat. Dec 7, 2019	6 - 10 p.m.	WinterFest/Holiday Parade	Gentry Park	\$20
<input type="checkbox"/>	Sat., Feb. 1, 2020	10 a.m. – 2 p.m.	Public Safety Day	Gateway Park	\$20
<input type="checkbox"/>	Sat., March 14, 2020	10 a.m. – 2 p.m.	Community Appreciation Day	Gentry Park	\$20
<input type="checkbox"/>	Sat., April 13, 2020	9 a.m. – 1 p.m.	Spring Faire	Gateway Park	\$20

Total Payment Amount Included: \$ _____

Type of Concession Set Up: Tent Trailer Push Cart Truck

Size of Concession Set Up: 10' x 10' 10' x 20' Other: _____

Do you have currently hold at least \$1,000,000.00 in Liability insurance? Yes No

Type of Maricopa County Heath Permit: Temporary for Event Dates Annual

Maricopa County Permit Number: _____

Please attach/include the following documents in your application:

1. Maricopa County Food Permit (either annual or temporary, see above)
2. Food Handlers Card
3. Insurance
4. Sample Menu and photograph of your set-up/truck

RULES AND REGULATIONS

All vendors must complete and sign this application to serve as a vendor at a 2019-20 event.

- All food vendor applicants need to first check with Special Events Coordinator prior to filling out application and sending in money to see if there are any food vendor spaces available. Number and type of vendors are controlled by the Special Events Coordinator. Do this first!
- City of El Mirage will provide and assign food vendor space. We do not provide chairs or tables.
- Recommend bringing additional battery-operated lights to event. (Best effort will be made to provide electricity when requested but cannot be guaranteed.)
- Acceptance of application is subject to approval by the City on appropriateness of product and space available. Spaces may not be resold or give to another vendor.
- Payment must be received with the application. Make check payable to City of El Mirage.
- Payments (check or cash) may also be made in person at Customer Service Center located at 14406 N. Alto Street, El Mirage, AZ. Hours: M-TH, 7:00 a.m.-5:30 p.m.
- **Credit card: please call Customer Service at (623) 933-1228 and include receipt with application.**
- No show will result in a forfeit of any fees paid and may result in suspension in future events.

Vendor Agreement: Signing the vendor agreement acknowledges and accepts that all guidelines and decisions of the City of El Mirage Special Events Office are binding. Minimum requirements of each artist/vendor are as follows:

- Table and products will be completely set up and organized **45 minutes prior to event start.**
- Artist/Vendor will be physically present at exhibit during published event hours. No early exit.
- Vendor will only sell items listed on menu provided with application.
- Special Events Coordinator will be notified immediately if unable to participate in event.
- All items will be removed immediately at the close of the event and the space will be returned to original condition.

Participants agree by signing below to accept the following hold harmless clause: I have reviewed and agree to all terms for participating in the City of El Mirage Events. By registering for and participating in events. I assume full risk and responsibility for any loss or damage incurred during this event and I release and hold harmless the City of El Mirage, employees, coordinators, volunteers, contractors and sponsors from any claims arising out of my participation in this event. I understand that I am solely responsible for all State, City, County, or other applicable permits, licenses, and/or certificates associated with my participation in events. I understand that I have been advised to carry my own personal and product liability insurance.

I have read and agree to comply with all terms in this application.

Signature: _____

Printed Name: _____ Date: _____

Jeffrey Anderson
Special Events Coordinator
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