

SMITH LAKE PARK



MEMORIAL DAY WEEKEND
MUSIC FESTIVAL

SATURDAY MAY 27th 2017

9:00AM—9:00PM

Address: 403 County Road 386, Cullman, AL 35057 **Phone:** 256-739-2916

Website: www.cullmancountyparks.com

Dear Vendor/Exhibitor:

Smith Lake Park is making plans for its Annual Memorial Day Festival, on Saturday May 27th, 2017 from 9am to 9pm. It's time for you to begin getting your arts and crafts together or planning your food menu. If you have participated previously in our Memorial Day Festival, we welcome you again! For you first timers, we hope that this will be the start of a regular participation.

We are now taking reservations for booths. We request that you complete the attached registration form in full. Please send registration form and registration fee to Smith Lake Park. As Vendors/Exhibitors, you will need to furnish any tables, chairs, power cords, and any tents/canopies needed for your booth.

Spaces are assigned on a first come, first served basis. If you have any questions please contact Denise at 256-739-2916. Thanks so much for considering participation in our event! We hope to see you soon!

Vendor: _____
Address: _____
Contact Person: _____ Telephone: _____
Email: _____
Description of Booth/Items Sold: _____

Application is due May 13, 2017. Applications sent in after due date will be charged a \$10 late fee.

Food Vendor: Space is a 12x12 Booth @ \$70.00 each _____ number of booths needed. Electricity if needed @ \$15.00 for 110 volts _____ Total _____

Arts and Crafts Vendors: Space is a 12x12 Booth @ \$35.00 each _____ number of booths needed. Electricity if needed \$15.00 for 110 volts _____ Total _____

If you work out of a concession trailer – total length of trailer including tongue _____ ft.

Booth total _____ Electricity total _____

To be completed by: Smith Lake Park
Date Applications Rec'd _____ Fee Paid _____ Category of Entry _____

VENDORS MUST OBSERVE THE FOLLOWING RULES:

1. Please read the following guidelines carefully and complete the enclosed application. Applications are due by May 13, 2017. Applications sent in after the due date will be charged a \$10.00 late fee. Space is limited. Applications are considered on a first come basis.
2. Food vendors will be exclusive in regards to product this year. Food vendor applications will be considered based on type of product sold. Your exclusivity is based on your primary product sold, such as Funnel Cakes, Lemonade, Shaved Ice, not on every single item.
3. No camping or lodging tents are allowed on vending sites. Camper/RV and Tent Campsites are available for rent at Smith Lake Park. Please call 256-739-2916 for reservations.
4. If your application is accepted, there will be no refunds, for any reason. This is a rain or shine event.
5. Booth space will not be allowed to be resold to another vendor.
6. PEPSI PRODUCTS ARE TO BE SOLD ONLY.
7. All food items must be listed for Health Department Approval. The Cullman County Health Department requires you to obtain proper permitting prior to set up.
Contact information:(Address:601 Logan Ave SW Cullman, AL 35055- Phone: 256-734-1030)
8. Food vendors must be set up on Friday, May 26th, 2016 and be prepared. Please, fill out the Exemption Form below and **download/read the Temporary Food Booklet found at www.smithlakepark.com. ***
9. If you do not have a Cullman County Business License you will need to contact the Cullman County Probate Office. Contact Information: (Please ask for the License Division of the Probate Office.)
Mailing Address: Judge of Probate PO Box 970 Cullman AL 35056-0970
Phone Numbers: 256-775-4802/ 256-775-4803 / 256-775-4804
10. The Cullman County Health Department and Judge of Probate will be able to assist you with your permit/License. It is your responsibility as a vendor to handle this, not Smith Lake Park.

MENU ITEMS

List the items in order that you would want to be EXCLUSIVE.

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

*Although this is an exempt event for food vendors, the Health Department is subject to show up to this event at any time to inspect.

CULLMAN COUNTY HEALTH DEPARTMENT TEMPORARY FOOD SERVICE PERMIT/EXEMPTION APPLICATION

APPLICATIONS MUST BE RECEIVED 14 DAYS BEFORE THE EVENT. APPLICATION FEES ARE NOT REFUNDABLE. INCOMPLETE APPLICATIONS AND APPLICATIONS RECEIVED LESS THAN 7 DAYS BEFORE THE EVENT WILL NOT BE ACCEPTED.

EVENT INFORMATION

Name of Event _____
 Date of Event ____ / ____ / ____ Time of Event: Start ____ : ____ End ____ : ____
 Location of Event _____
 Sponsor of Event _____ Phone # of Sponsor (____) _____

VENDOR INFORMATION

Name of Concession _____ Contact Person _____
 Mailing Address _____
 Cell # (____) _____ Secondary Phone (____) _____
 On-site Commissary? YES NO

OFF-SITE FOOD PREPARATION (PERMITTED ESTABLISHMENTS ONLY)
(Rules & Restrictions apply; approval is limited.)

Food Service Establishment _____ Owner/Manager _____
 Address _____
 Telephone (____) _____
 Permit Number _____ County _____

FOOD PREPARATION AND MENU

(All meat items shall be USDA or Alabama Department of Agriculture approved.)

List all food and beverage items; check all preparation steps that apply:

MENU ITEM	PREPARED OFF-SITE	COLD HOLDING	COOK	CUT	ASSEMBLE	HOT HOLDING
EXAMPLE: FRENCH FRIES		X	X			X
1						
2						
3						
4						
5						
6						
7						

EQUIPMENT INFORMATION

Check all that apply

FOOD STORAGE

#Units

Refrigerator _____

Freezer _____

COOKING/HOT HOLDING

Grill _____

Fryers _____

Steam Table _____

Other _____

ELECTRICITY

On-Site Electricity _____

Generator _____

FOOD PREP EQUIPMENT

Mixers _____

Slicers _____

Blenders _____

Other _____

WATER

On-Site Water Hookup _____

Fresh Water Storage Tank _____ gallons

Wastewater Tank _____ gallons

Water Heater _____ gallons; _____ Watts (total)

HAND WASHING

Sink with hot water ($\geq 100^{\circ}$ F) under pressure _____

Other (Please describe)* _____

***Rules & restrictions apply; approval is limited.**

UTENSIL WASHING

3-Compartment Sink*

Compartment Size (inches): _____ "Wide _____ "Long _____ "Deep

***Refer to *Temporary Food Establishment Requirements* booklet for requirements.**

Please note any additional information: _____

I hereby certify the above statements are true and correct, that I have read and understand the *Temporary Food Establishment Requirements* booklet and I/we agree to comply with all rules and regulations of the Cullman County Health Department and hereby authorize the Health Officer or authorized representatives to enter upon the premises of the above named establishment for inspection services. I understand that this food establishment may not operate without approval from this department. I understand that I may not operate without also meeting the requirements and obtaining the approval of other regulatory agencies including, but not limited to, local fire, building, plumbing, gas, and electricity inspection services departments.

Signed _____ Title _____ Date ____/____/____

For Health Department Use Only

Permit Number Issued _____

Application Approved With Special Conditions _____

Application Denied because: _____

Application Approved By: _____

Date Permit Effective ____/____/____

Permit Expires ____/____/____

Date Fee Paid: ____/____/____

Client Number: _____

Fee Code: 631

Receipt Number: _____

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