



# Southern California Fair

## 46<sup>th</sup> District Agricultural Association

18700 Lake Perris Drive ♦ Perris, CA 92571

(951) 657-4221 ♦ Fax: (951) 657-5412

[www.SoCalFair.com](http://www.SoCalFair.com)

### **FOOD CONCESSIONAIRE APPLICATION**

**Fair Dates: October 3, 2020 – October 11, 2020**

Thank you for your interest in participating as a Food/Concessionaire at the 2020 Southern California Fair. Please review the instructions below carefully and complete the application process. If you have any questions regarding this application, please call the Southern California Fair office at (951) 657-4221 or Email us at [Mayra@SoCalFair.com](mailto:Mayra@SoCalFair.com)

#### **INSTRUCTIONS FOR COMPLETING APPLICATION**

1. Print and read the 2020 Commercial and Concessionaire Rules and Regulations Handbook available on our website [www.SoCalFair.com](http://www.SoCalFair.com).
2. **This application is to qualify you as a vendor and is not a guarantee of space.** You will be notified if you are accepted and a contract will follow for completion.
3. All questions on this application must be answered completely. Be sure the information you give is accurate, as it will be the sole representation of your business for the selection process.
4. **Please attach a list of proposed sale items and a current photo of your proposed booth setup (in operational form).**
5. The proposed sale items you are requesting to sell/display/promote/give away must be specific, do not indicate “etc. or accessories”. If a contract is issued, it will be assigned on the basis of this list only, so please be thorough. The Southern California Fair reserves the right to select the items a vendor is allowed to sell. Only approved items will be listed on your contract.
6. If a contract is issued, the location of your commercial space will be determined by management; Locations are subject to change year to year.
7. A copy of your California Seller’s Permit is required with your application.
8. **Incomplete applications will not be considered**

#### **SUBMIT APPLICATION(S) TO:**

Southern California Fair  
Attn: Commercial & Concessions Office  
18700 Lake Perris Drive, Perris, CA 92571

Contact: **Mayra Zepeda, Vendor Coordinator**  
Email: [Mayra@SoCalFair.com](mailto:Mayra@SoCalFair.com)  
Fax: (951) 657-5412



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### **FOOD CONCESSIONAIRE APPLICATION** **Fair Dates: October 3, 2020 – October 11, 2020**

OFFICE USE ONLY	
Rcvd	____/____/____
Rcvd by	_____
Sp Req	____ x _____
Appvd	____/____/____

**SUBMISSION OF APPLICATION DOES NOT GUARANTEE ACCEPTANCE INTO THE FAIR.**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Business Name: \_\_\_\_\_

Contract Signing Authority: \_\_\_\_\_

On Site Contact Name: \_\_\_\_\_

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

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

Business Phone: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Please check one:**

- Will you be handing out edible samples to promote your product? .....  Yes  No  
 (You are required to purchase a temporary food facility permit through the fair)
  - (If taking leads only, the State Board of Equalization still requires you to provide a California Seller's Permit)
  - (All sound, noise, or radio transmission equipment and usage must be approved by management)
- Have you participated in the Southern California Fair before? .....  Yes  No
- Are you participating in the vendors party? .....  Yes  No
- Are you going to participate in senior day? .....  Yes  No
- We need each vendor to participate in our taste of the Fair \$5.99 Item. ....  Yes  No  
 (Please describe your item)

**MANDATORY HOUR OF OPERATION FOR ALL 9 DAYS OF FAIR**

<u>Days</u>	<u>Times</u>	
Saturday & Sunday	11:00 a.m. to 11:00 p.m.	\
Monday - Thursday	4:00 p.m. to 11:00 p.m.	➤ <i>or when carnival closes, whichever comes first</i>
Friday	12:00 p.m. to 11:00 p.m.	/

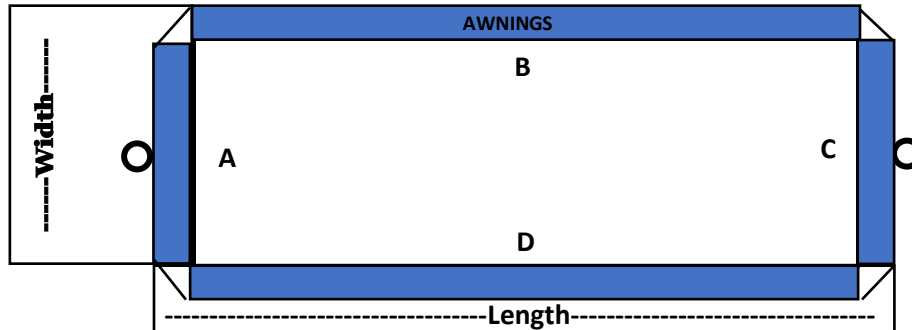
**BOOTH RENTAL RATES**

Southern California Fair is an outdoor ONLY fair.

**FOOD VENDOR'S:** Each food location will be required to use a cash register with a Z-Tape function. Concessionaire is required to settle at the end of the event on October 11<sup>th</sup> or on Monday A.M. October 12<sup>th</sup>.

**\$850.00 Minimum Guarantee** Per concession location versus 22% of net sales, whichever is greater.

**SPACE NEEDED:**



- 1. **STAND TYPE:**     **SELF CONTAINED FOOD TRAILER**     **PORTABLE METAL**  
 **PORTABLE WOOD**     **OTHER (PLEASE SPECIFY):** \_\_\_\_\_
- 2. **STAND SIZE WITH AWNING:** \_\_\_\_\_ **LENGTH X** \_\_\_\_\_ **WIDTH**
- 3. **CHECK OFF SERVICE SIDE:**     **A**     **B**     **C**     **D**
- 4. **IS HITCH REMOVABLE:**     **YES**     **NO**    **TRAILER HITCH REMOVAL:**     **A**     **C**
- 5. **TOTAL SPACE REQUESTED:** \_\_\_\_\_ **LENGTH X WIDTH** \_\_\_\_\_  
**(INCLUDES: COUNTERS, AWNING, SIGNAGE, HITCH, BACKYARDSPACE)**

**POWER:** Power is not included with your food booth fee. Please see electricity rate below. During the fair electricians will be monitoring electrical usage. Any additional electrical used over the amount paid for will be billed on an individual basis and payable onsite. Vendors are responsible for providing any extension cords and surge protectors for their booth space and must tape down all electrical cords for safety reasons.

- 50 Amps = \$ 200.00**     **100 Amps = \$ 250.00**     **150 Amps = \$ 300.00**     **200 Amps = \$ 350.00**
- Other = Voltage:** \_\_\_\_\_ **Amps:** \_\_\_\_\_

**TEMPORARY HEALTH PERMIT:** A Temporary Health Permit is required to participate as a vendor and is payable to the Fair: **\$202.00** Per Food Location. A Riverside County Environmental Health requires a Temporary Permit and must be purchased through the fair. If you have any questions or concerns, please contact **Riverside Environmental Health** at (951) 766-2824 or go to their website: [www.RivCoEH.org](http://www.RivCoEH.org)

**WATER/SEWER:** Included with food booth fee.

**PROPANE & GREASE:** Propane service and grease pickup will be arranged for you onsite and will be given directions in your check-in packet.

**STOCK/STORAGE:**     **With Power=\$150.00**     **Without Power=\$80.00**

**GOLF CART:**  **Golf Cart insurance Permit =\$120.00 / Per Cart (ONLY ON FAIRGROUNDS, NON-OPERATING HOURS)**



**INSURANCE:**

Each contractor must provide the Southern California Fair with proof of **Commercial General Liability Insurance for no less than \$1,000,000.00** per occurrence. **Completing this form does not constitute proof of insurance.** Proof of insurance will be required once a contract has been issued. Each vendor who hires employees must also provide a copy of worker's compensation insurance.

**Please check one of the following:**


- I will provide my own certificate of liability insurance. (Sothern California Fair to be named as certificate holder)
- I am on the CFSA Master List: # \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_
- I will purchase CFSA' Special Events Insurance through the Southern California Fair. **(Concessionaire Price = \$175.00)**

Exceptions to this rule are rodeo events, rough stock events, mechanical bulls, extreme attractions, orbitons and simulators, etc. Please contact us for the amount of coverage needed for these activities.

**If you will be providing your own insurance certificate, you must have the following:**

- Name of Insured business MUST match the business name on the application.
- **The Southern California Fair** must be named as the certificate holder.
- Vendors without current insurance on file will not be allowed to set up. **NO EXCEPTIONS**
- The paragraph **BELOW** must be **word for word** in the "Description of Operations".

**"The State of California, the 46<sup>th</sup> District Agricultural Association, Southern California Fair, County Fair, The County in which the County Fair is located, Lessor/Sub lessor if fair site is leased/subleased, Citrus Fruit Fair, or California Exposition and State Fair, or Entities (public or non-profit) operating California designated agricultural fairs, their directors, officers, agents, servants, and employees are made additional insured, but only insofar as the operations under this contract are concerned. Coverage dates are September 1, 2019 – October 20, 2019."**



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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).

PRODUCER  INSURED	CONTACT NAME: _____ PHONE: _____ FAX: _____ MAILING, EXT.: _____ E-MAIL: _____ ADDRESS: _____  INSURER(S) AFFORDING COVERAGE INSURER A: <b>ABC Insurance Company</b> NAIC # _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____
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**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.

PRST LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Per occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE OCCURRENCE \$ _____ PRODUCTS - COMP/OP AGGS \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> Hired AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						MOTORIST SINGLE LIMIT (Per accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: _____ RETENTION \$ _____						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUS: _____ TOTL: _____ E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks-Schedule, if more space is required)

The State of California, The District Agricultural Association, County Fair, The County in which the County Fair is located, Lessor/Sublessor if fair site is leased/subleased, Citrus Fruit Fair, or California Exposition and State Fair, or Entities (public or non-profit) operating California designated agricultural fairs, their directors, officers, agents, servants, and employees are made additional insured, but only insofar as the operations under this contract are concerned.

CERTIFICATE HOLDER  Fair needs to be named as certificate holder	CANCELLATION 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 Signature Required
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2020 Southern California Fair – Food/Concessionaire Application  
 www.SoCalFair.com ♦ (951) 657-4221

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**REFERENCES:**

Please provide three (3) references of other fairs, festivals or events in which you have participated. Please include a contact name and telephone number for all references.

1. Event: \_\_\_\_\_ Location: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Years Participated: \_\_\_\_\_

2. Event: \_\_\_\_\_ Location: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Years Participated: \_\_\_\_\_

3. Event: \_\_\_\_\_ Location: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Years Participated: \_\_\_\_\_

**CERTIFICATION OF APPLICANT**

I certify all information contained in this application to be true and accurate. I understand that this application in no way implies or guarantees that space will be offered. The Southern California Fair reserves the right to refuse any application and may refuse to execute a contract without giving reason for same or to relocate a Vendor at any time for the betterment of the Fair. I understand that if awarded a contract, I will be required to participate and operate my vendor booth in compliance with Fair hours of operation beginning Saturday, October 3, 2020 through Sunday, October 11, 2020. I have read and understand the instructions and additional information attached.

Company/Business Name: \_\_\_\_\_

Signature (Signing Authority): **X** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(By signing, the vendor agrees to be bound by all of the rules and regulations included in the vendor handbook)

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_