

University of California, Davis
TEMPORARY FOOD FACILITY APPLICATION
THIRD PARTY VENDOR

Use this application for sale of pre-packaged or prepared food or beverages. Use Non-Food Vendor Application for sale of non-food items.
DO NOT USE THIS FORM FOR NON FOOD ITEMS.

OFFICE USE ONLY	OFFICE USE ONLY
Date Received _____ Received By _____ EVENT NAME <u>BLACK FAMILY DAY</u> EVENT DATE <u>MAY 20 2017</u> EVENT SPONSOR <u>CROSS CULTURAL CENTER</u> RETURN APPLICATION TO <u>MONAE ROBERTS 397 HUTCHISON DR. SUITE 1300 DAVIS, CA 95616</u> APPLICATION DEADLINE: MUST BE POSTMARKED BY <u>APRIL 15, 2017</u>	Vendor Fee _____ Liability Insurance _____ (proof enclosed) Auto Insurance _____ (proof enclosed)

NOTICE OF FEES:
 \$100 EVENT FEE
 NOTICE OF INSURANCE: PLEASE SEE PAGE FOR 6 INSURANCE REQUIREMENTS.
 APPLICATIONS WILL NOT BE PROCESSED WITHOUT ATTACHED PROOF OF INSURANCE.

1) Business/Vendor Name:	2) Tax ID Number (Employer ID or SS#):
3) Business License or Resale Number and Type:	4) Business Owner's Name/Contact:
5) Business Address: Mailing Address: _____ City: _____ State: _____ Zip: _____	
6) Telephone Contact: Business Phone: () _____ Cell Phone: () _____ Fax #: () _____ Best Time to Call: _____	
7) Is this a non-profit organization? (if yes, please include copies of your federal and state non-profit, tax exemption status papers with this application) Yes <input type="checkbox"/> No <input type="checkbox"/>	
8) Who will be on site during event:	
9) Address of on site contact: Mailing Address: _____ City: _____ State: _____ Zip: _____	
10) Telephone: () _____	Best time to call: _____

Food Preparation

All foods must be stored and prepared in, or purchased from, approved food facilities. If you need clarification, read EH & S "Food Safety" attachment or phone the UCD Office of Environmental Health & Safety at (530)752-3572.

(please use a separate sheet of paper if you need additional space to explain any item below)

11) List your ingredients or prepared foods and provide the following information about the location from which it will be purchased.

Food Item Ex: Chicken Ex: French Fries	Business Name and Address Ex: Mad Butcher Ex: Costco	Type of Business Ex: Wholesale Meat Ex: Grocery	City, State, & Zip Ex: Sacramento, CA 98280 Ex: Woodland, CA 95776	County or State Health Permit Number Ex: Yolo Co. #F-1234 Ex: State Dept. of Health #12-131415

12) Comments

13) List all menu items and their prices, including beverages. Include major ingredients such as canned foods, eggs, dairy products, meat and pasta. You do not need to include flour, salt, baking soda, etc. Briefly describe the manner of food preparation and service. Only items listed and approved will be allowed for sale at the event.

Ex: Food item and price: Tri-Tip sandwich \$6, dinner \$8

Ingredients: Beef Tri-Tip, sandwich roll, seasoning; green salad and Italian dressing

Prep & Service: Cut tri-tip out of sealed bag from ice chest; place on grill; add seasoning; remove to hot-holding in chafing dish; place pre-packaged lettuce mix in ice bath; place salad on dinner plate and add dressing.

A.	Food Item & Price: Ingredients: Prep & Service:
B.	Food Item & Price: Ingredients: Prep & Service:
C.	Food Item & Price: Ingredients: Prep & Service:
D.	Food Item & Price: Ingredients: Prep & Service:
E.	Food Item & Price: Ingredients: Prep & Service:

If you are using additional pages, check here , and provide additional sheets.

BOOTH INFORMATION AND DIAGRAM

Complete the Following: Note that booths may not exceed 200 square feet.

Dimensions: Width (sides) _____ Length (front) _____ Height _____

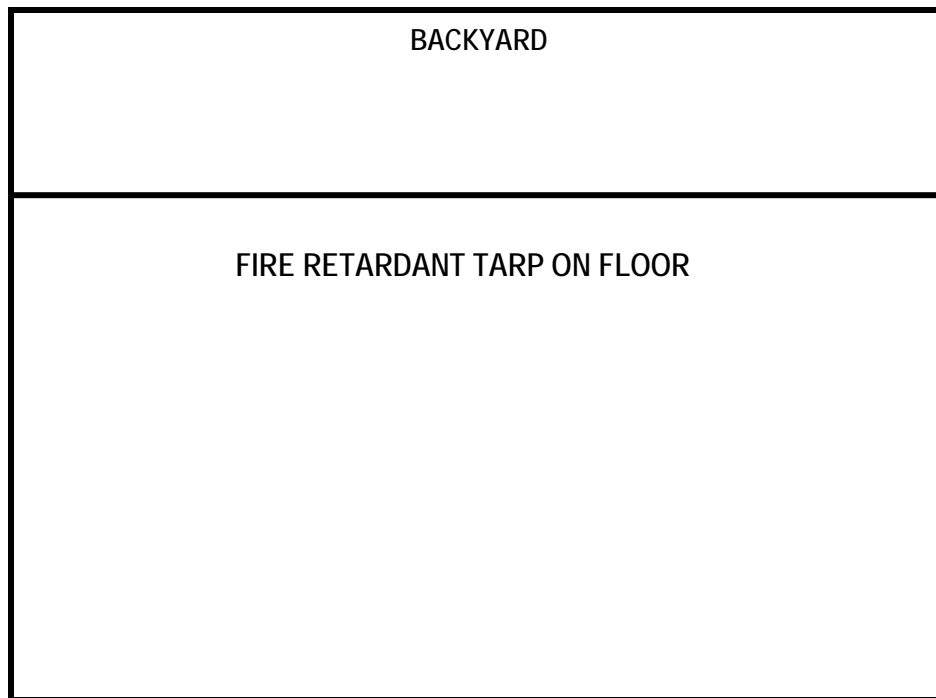
Indicate location of the following:

Storage	On Site <input type="checkbox"/>	Off Site <input type="checkbox"/>
Preparation	On Site <input type="checkbox"/>	Off Site <input type="checkbox"/>
Hot Holding	On Site <input type="checkbox"/>	Off Site <input type="checkbox"/>
Cold Holding	On Site <input type="checkbox"/>	Off Site <input type="checkbox"/>

Draw a detailed plan of the proposed vendor booth below: Include booth dimensions, location of food equipment, serving areas, cooking areas, hand washing station and utensil washing station. Include all items required in checklist and diagram on previous page. Hand washing / utensil washing stations, fire extinguishers, trash can, ash can and BBQs/grills/fryers must be located behind tent.

Remember: All booths must be enclosed by a safety barrier (caution tape) located at least 10 feet from the rear of all booths. The UCD Fire Department will determine if all open flame cooking must be performed outside the booth enclosure. If any cooking is performed outside the booth enclosure, it must occur 10 feet from the rear of the booth and the safety barrier must be located 10 feet beyond the outside cooking equipment.

TEMPORARY FOOD BOOTHS THAT HANDLE UNPACKAGED, OPEN FOODS SHALL PROTECT FOOD BY A FULLY ENCLOSED TENT WITH 16 MESH PER SQUARE INCH SCREENS



ELECTRICAL NEEDS

Operators are responsible for providing all equipment, including:

- 100 foot long 12- or 14-gauge extension cords (shorter cords may not be strung together)
- Surge protected power strips

All equipment and extension cords must be in good working condition, UL Listed and meet campus electrical requirements (see attached “Electrical Safety Requirements for Temporary Facilities”).

List below EACH item of equipment that requires electricity, propane and/or charcoal. For electrical equipment, you must provide amps OR both volts and watts required for each item. **Power is limited and items not identified below will not be permitted.**

Equipment	Volts	Watts	Amps	Propane	Other (specify)
Ex. Small Refrigerator	115v	42w	-	-	-
Burner	-	-	-	5 gal	-
Steam Table	-	-	1.12amp	-	-
Generator	-	-	-	-	Canola Oil
Total					

VENDOR INSURANCE REQUIREMENTS

IMPORTANT: All off-campus vendors engaged in sales of goods and services (food) at special events on the University of California, Davis campus are required to carry insurance in the amounts listed below:

SALES OF GOODS AND SERVICES

General Liability Auto Liability Worker's Compensation	\$2,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 Statutory Requirement	Aggregate Per occurrence Products and completed operations Personal injury Per occurrence (or maximum of \$2,000,000 aggregate for one policy year)
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- You are required to provide proof of general liability in the amounts specified above and naming the Regents of the University of California as additional insured. Attach a Certificate of Insurance to this application if your policy meets these requirements.
- **OR**, you may purchase general liability insurance from UC Davis CampusConnexions to cover this special event. Go to <http://ucd.marshcampusconnexions.com> → Vendors and Contractors (Learn more) → Exhibitors. Print and complete the Exhibitor/Vendor Liability Insurance Application, then return via fax to 515-365-3005 or email to plsdsteam@marshpm.com. Once the application is received, Marsh will contact you. Attach the Certificate of Insurance for the coverage you purchase to this application.
- You are also responsible for providing the stated amount of automobile liability insurance.
- We cannot process applications without a Certificate of Insurance attached. For more information, contact the event sponsor at _____.

Name of Vendor: _____

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

Phone: _____

Please indicate enclosure of the following required items

Certificate of Insurance naming the Regents of the University of California as additional insured on a general liability policy meeting above requirements.

Proof of auto insurance.

\$100 Event Fee. If I am not approved as a vendor, the following will be returned to me: \$100

Signature: _____ Date: _____

INDEMNIFICATION

Vendor shall defend, indemnify, and hold the University, its officers, employees, and agents harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising out of vendor's activities on University premises but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of vendor, its officers, agents, or employees.

I have read and understand the information provided to me by the event organizers. I am aware that participation in this event is contingent upon:

- 1) Provision of all information requested at the time I submit this application;
- 2) Acceptance of application by event organizers, UC Davis Fire Department, UC Davis Property and Liability, and UC Davis Office of Environmental Health and Safety (EH&S);
- 3) Adherence to all guidelines provided;
- 4) All items or artifacts that I sell and/or exhibit being appropriate and consistent with the purpose of the event (event organizers have the right and authority to refuse and/or remove items or artifacts deemed inappropriate);
- 5) Successful completion of UC Davis Fire Department and UC Davis Office of Environmental Health and Safety (EH&S) inspections; and
- 6) Refraining from advertising or promoting this event (publicity is the sole right of UC Davis).

I realize that failure to achieve satisfactory on-site Fire Department and/or EH&S inspections and/or failure to comply with the stated requirements are grounds for being excluded from participation in this and possibly future events on the UC Davis campus. I agree that fees already paid will not be refunded should my booth not satisfy the conditions stated in the Vendor Application and Information Attachments. I am also aware that if I have any questions regarding the requirements, I can contact EH&S at (530)752-3572 and the Fire Department at (530)752-1236 for assistance.

Signature: _____ Date: _____

RETURN COMPLETED APPLICATIONS TO EVENT SPONSOR

For Office Use Only

Accepted by: _____ Date: _____
(UC Davis Environmental Health & Safety)

Accepted by: _____ Date: _____
(UC Davis Fire Department)

Accepted by: _____ Date: _____
(Event Sponsor)