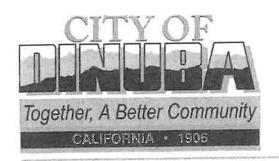
Dinuba Farmers Market Membership Application 2024 Annual Letter of Intent

VENDOR Membership Application (\$5.00 membership fee, per market date, NO REFUNDS)

GENERAL INFORMATION

	Date:
Primary Phone #:	Secondary #:
Email(s):	
Business Name:	
Website/Social Media information:	ΔΙΙ ΤΗΔΤ ΔΡΡΙΥ
	ALL HINT OF ET
Email [] Text []	
SELECT VENDOR TYPE	
Farmer dates available (No deadline, ongoing al	ll season):
5/31/24 [] 6/7/24 [] 6/14/24[] 6/21/	
Are you WIC certified? Yes [] No []	
Would you like to be WIC certified no fees apply? Y	es [] No []
Do you have a County Agricultural Certificate? Yes [[] No []
Please, attach a copy of your current County Agricult	tural Certificate with your application
List major merchandise:	
Craft vendor dates available (No deadline, ongo	oing all season):
5/31/24 [] 6/14/24 [] 6/21/24 [] 6/28	
NOTE: The sale of Arts and Craft items at the Dinuba Farn Contact the California Department of Tax and Fee Admini	ners Market requires a CA BOA Sellers Permit. istration at (559) 440 – 5530 or visit their website: <u>www.boe.ca.gov</u>
] No[]
Are you applying for a CA Sellers Permit? Yes [
Are you applying for a CA Sellers Permit? Yes [Attach a copy of your current CA Sellers Permit v	

Food vendor dates available	tappiication aeaaiine: Thi	113uuy, Wuy 10, 2024).	
5/31/24 [] 6/14/24 [] 6/	[21/24 [] 6/28/24[]	7/12/24 []	
Select description of your booth	n setun: (CHECK ALL THAT A	DDI V)	
		rrequired for each booth setup typ	ne selected
		required for each booth secup cy	or selected.
- Food mobile (trailer) ☐ Food 1		—	
- Which side is your serving wind		<u> </u>	
- An Annual Tulare County Healt	-		
Please attach a copy of your cu	rrent Tulare County Health	Permit with your application.	
NOTE: The sale of ANY food item(s from the Tulare County Health Dep questions on what permits your foo within this packet.	partment. Contact the Tulare C	County Department of Health at 55	9-733-6411 ext. 2801 for
List the type of foods and/or	you will be selling:		
acceptance into the Dinuba Farmers may affect approval include: Space history with the Dinuba Farmers Ma	Available at the Market and sp	ecific vendor offerings, incompleto	e applications, and/or vendor
	10'x10' Space:	Vendor space Fee (\$5.00)	
		Number of Days	
			8
*		Health Department Fee	
	Total Cost: \$		
III			
		·	-
RETURN APPLICATION: 1390 E			ct (559)591-5940.
RETURN APPLICATION: 1390 F	E. Elizabeth Dinuba, CA 9361 Office Use		ct (559)591-5940.
***************************************	Office Use	e Only	•••••••••••••••••••••••••••••••••••••••
RETURN APPLICATION: 1390 F Sum Received: \$ Sum Received: \$	Office Use	e Only Accepted By:	Date:
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City Manager's Office 559/591-5904

Development Services 559/591-5906

Parks & Community Services 559/591-5940

City Attorney 559/437-1770

Public Works Services 559/591-5924

Fire/Ambulance Services 559/591-5931

Administrative Services 559/591-5900

Engineering Services 559/591-5906

Police Services 559/591-5914

The City of Dinuba Community Services Department would like to thank you for your participation with our <u>Farmers Market/Summer Night Lights event</u>. As a vendor, there are a few requirements that need to be met in order to conduct business during this City sponsored event.

- The vendor shall staff, operate, manage, and provide all goods, services, and facilities offered in a first-class manner and comparable to other concessions/booths providing similar services.
- The Dinuba Community Services Department reserves the right to prohibit or change the sale of any item or service to ensure that the public receives proper service, and appropriate quality.
- The City of Dinuba is not responsible for any items lost, equipment that may not work or break down, any goods etc. During set up, event, or clean up.
- If vendor does not sell out from all or majority of their goods, City of Dinuba will not be responsible for the difference.
- An experienced person shall be on the premises at all times while the concession is in operation.
- Following the event, the percent listed below will be donated to the City of Dinuba Community Services Department.
 - o 15% for Food and Beverage
 - o 30% for Shaved Ice / Snow Cone

By signing this contract, you agree to the terms and will conduct business during this City sponsored event.

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Vendor Signature	Date		
Business Name	Phone		

We thank you for your business.



CITY OF DINUBA FARMERS MARKET

Liability Waiver Form

I UNDERSTAND THE RISKS INVOLVED BY PARTICIPATING IN THE ACTIVITY OF DINUBA'S FARMERS MARKET FOR WHICH I/WE HEREBY WAIVE, RELEASE AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES FOR PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE WHICH I MAY HAVE, OR WHICH MAY HEREAFTER ACCRUE TO ME, AS A RESULT OF PARTICIPATION IN SAID ACTIVITY. THIS RELEASE IS INTENDED TO DISCHARGE IN ADVANCE THE CITY OF DINUBA, (ITS OFFICERS, AND/OR OFFICIALS, EMPLOYEES, VOLUNTEERS AND AGENTS) FROM ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH MY PARTICIPATION IN SAID ACTIVITY; EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THE PERSONS OR ENTITIES MENTIONED ABOVE. IT IS UNDERSTOOD THAT THIS ACTIVITY INVOLVES AN ELEMENT OF RISK AND DANGER OF ACCIDENTS AND KNOWING THOSE RISKS I HEREBY ASSUME THOSE RISKS. IT IS FURTHER AGREED, THAT THIS WAIVER, RELEASE AND ASSUMPTION OF RISK IS TO BE BINDING ON MY HEIRS AND ASSIGNS. I AGREE TO INDEMNIFY AND TO HOLD THE ABOVE PERSONS AND ENTITIES FREE AND HARMLESS FROM ANY LOSS, LIABILITY, DAMAGE, COST, OR EXPENSE, WHICH THEY MAY INCUR AS THE RESULT OF MY DEATH OR INJURY OR PROPERTY DAMAGE THAT I MAY SUSTAIN WHILE PARTICIPATING IN SAID ACTIVITY. I FURTHER PERMIT THE USE OF ACTIVITY/EVENT PHOTOGRAPHY AND/OR VIDEO FOR MEDIA PROMOTION. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY, AND ALL, REPAIR COSTS FOR DAMAGES CAUSED DURING MY EVENT. DENIAL OF FUTURE PARTICIPATION OF ANY CITY OF DINUBA EVENTS FOR A PERIOD OF TWO YEARS AND/OR FORFEITURE OF DEPOSIT (WHEN REQUIRED) SHALL OCCUR IF I DO NOT COMPLY WITH ANY RULE, REGULATION, POLICY OR REQUIREMENT.

COVID-19: WE ARE TAKING ENHANCED HEALTH AND SAFETY MEASURES-FOR YOU AND OUR OTHER PARTICIPANTS. YOU MUST FOLLOW ALL POSTED INSTRUCTIONS. AN INHERIT RISK OF EXPOSURE TO COVID-19 EXISTS IN ANY PUBLIC PLACE WHERE PEOPLE ARE PRESENT. COVID-19 IS AN EXTREMELY CONTAGIOUS DISEASE THAT CAN LEAD TO SEVERE ILLNESS AND DEATH. ACCORDING TO THE CENTERS FOR DISEASE CONTROL PREVENTION, SENIOR CITIZENS AND INDIVIDUALS WITH UNDERLYING MEDICAL CONDITIONS ARE ESPECIALLY VULNERABLE. BY PARTICIPATING, YOU VOLUNTARILY ASSUME ALL RISKS RELATED TO EXPOSURE TO COVID-19.

I REQUEST PERMISSION TO SELL AT MARKET OPERATED BY DINUBA FARMERS MARKET ASSOCIATION AS A VENDOR. I PRODUCE AND/OR GROW FRESH PRODUCTS MYSELF. I DO NOT BUY PRODUCTS AND RESELL THEM. I HAVE RECEIVED AND READ A COPY OF DINUBA FARMERS MARKET RULES AND REGULATIONS- COPY 2023. I AGREE TO ABIDE BY THESE RULES, COOPERATE WITH MARKET MANAGEMENT AND PAY REQUIRED FEES

Organizations Name:		
Vendors Signature:	Date:	

COMMUNITY EVENT FOOD VENDORS:

Community events that include serving food to the public present challenges to both professional and volunteer food vendors. The goal of providing safe food is shared by everyone involved. While professional food vendors are usually familiar with regulatory requirements, volunteers may not be. Tulare County Environmental Health Department strives to work with the event organizer to help make all food vendors aware of food safety requirements and their responsibilities to make the event a success.

Food vendors participating in community events are required to observe the following:

- 1. All food must be prepared in an approved food facility such as a health permitted kitchen, or onsite in the temporary food booth. Food that has been stored or prepared in a private home <u>may not</u> be sold, offered for sale, or given away in a temporary food facility with the <u>exception of an approved Cottage Food Facility</u>.
- 2. The Food Vendor must indicate the type of food which will be prepared/served in the booth. The Food Vendor must also indicate any other locations of food preparation/storage.
- 3. The completed form and fees must be returned to the Event Organizer. The organizer must submit all completed vendor applications and fees at least two (2) weeks prior to the event. (Make checks payable to TCEH).
- 4. Read and follow the "Temporary Food Facility Guidelines".
- 5. Vendors sampling or preparing food shall complete the entire application.
- 6. <u>ALL</u> vendors shall prominently display a completed self-inspection checklist, indicating they are ready for inspection, on or before the ready for inspection time and date indicated on their application.

Temporary Food Vendor Fees Effective July 1, 2020:

- Temporary Food Single Event Vendor Low Risk \$30
- Temporary Food Single Event Vendor Moderate Risk \$61
- Temporary Food Single Event Vendor High Risk \$91
- Temporary Food Multi Event Annual Vendor Low Risk \$42
- Temporary Food Multi Event Annual Vendor Moderate Risk \$182
- Temporary Food Multi Event Annual Vendor High Risk \$342

*A chargeable re-inspection fee of 75% of the current health permit fee may be assessed if all booth requirements are not met at the indicated ready for inspection date and time (see next page).

If you have any questions or need clarification on any item, please feel free to contact the event organizer or this office at (559) 624-7400.

^{*} U.S. military veterans who solely own the business and product being sold from a temporary event facility may be exempt from a health permit fee if they meet permit requirements, and are operating within their permitted conditions per the California Health & Safety Code. Veterans shall submit proof of an honorable discharge form DD214 along with the Affidavit for Veteran's Fee. (Beer, wine, and alcohol services are not allowed).

^{*}Veterans with annual permits remember to attach a copy of your health permit with the temporary event application.

COMMUNITY EVENT FOOD VENDOR APPLICATION FORM

EACH VENDOR IS TO RETURN THIS FULLY COMPLETED APPLICATION AND THE APPROPRIATE HEALTH PERMIT FEE OR PERMIT COPY TO THE EVENT ORGANIZER

	Name of Event: Summer Night Lights / Dinu	ba's Farmers Markets	Date(s) of Event:	5/31/24	to: 7/12/24
	Food Sales Start Time: 5:00 pm		Food Sales End Time:	8:00 pm	
	Ready for Inspection Date: 5/31/2	24 Re	ady for Inspection Ti	me:4:00 pm	-
	Event Address/Location: 289 S. "L"	Street / Entertainment i	Plaza City	/: Dinuba	
	Booth Name:				
	Business Mailing Address:				
	Applicant Name:				
	Email Addresss:				
	VENDOR PERMIT TYPE: (Comple				
	A. Indicate the Community Eve				
	Single Event Vendor:				
		_	Moderate Risk (
	Multiple Event Annual Vendor:	Lów Risk (\$42)	Moderate Risk (\$182) 🔲 High	Risk (\$342)
	☐ Veteran's Fee Exemption (comple	ete Veterans exemptio	n affidavit form – see e	nclosed, & attach	DD214 form)
	B. Existing permit holders: Ident	ify your Tulare Co	unty Health Permit	: (attach a copy of	vour health permit)
	Business Name:				
	☐ Mobile Food Facility Permit - I	ndicate Cart/License	Plate #:		
	☐ Catering Permit ☐ Multiple Eve	ent Annual Vendor:			
	C. Food Operation Type: (Check all	that apply)			
	Pre-packaged food (no sampling)				
	☐ Food booth operator is register (non-profit vendors do not require boot				
100			VENDORS ON		alewasii siirky
	NOTE: Prepackaged food ve				is application
	Samplers must complete th				
	All temporary food facilities shall prov	ride a sign with the faci	lity name operator nar	me city state and	d zin
•	Pre-packaged food booths require over				·
•	Pre-packaged food/beverages shall be			,	
•	At the end of the operating day, all Po	tentially Hazardous Fo	ods that are held at 45	°F shall be destro	yed.
•	At the end of the operating day, all po	tentially hazardous for	ods held at or above 13	5 °F shall be destr	oyed.
•	List the items you will be selling/serving	ng:			
•	I understand that if I process or can pr		• •		,
	Processed Food Registration or Canne	ry License from the Ca	lifornia Department of	Public Health with	this application.
Ву	signing this form I agree to comply	with the above not	ed requirements, tha	t the fees are n	onrefundable and
	ntransferable, and certify to the be	st of my knowledge	the statements mad	e herein are tru	e and correct.
				Date:	
(OI	FICE USE ONLY) Payment Type:	FA: Re	ceipt #: O.	A Initials:	_ Paid Amount:

POTABLE WATER						
Water source is from (check of Vending Machine, ☐ CA State and meet Safe Drinking Water)	licensed Water Hauler, or a	ater System (example: City W Private Non Ag Well (Must	/ater), □ Bottled Water, [provide Bacteriological, Nit	☐ CA State Licensed Water rate, & Nitrite testing results		
Food propagation sh	all be done either in a	MENU in enclosed Temporary F	ood Booth or at a perr	nitted food kitchen		
List food items to be served: (tacos, tamales, shaved ice, nachos, hot dogs, pizza, bbq, popcorn, lemonade, coffee, etc.)	Mark if food item is fully or partially prepared at an offsite permitted kitchen:	Identify types of preparation at offsite permitted kitchen: (baking, cooking, marinating, slicing, preparing)	Identify types of preparation at booth: (example: assembly, slicing, cooking, dispensing)	Describe how food will be transported to the event within 30 minutes (ice chest with ice, refrigerator, chafing dish, insulated warmers)		
☐ Check here if preparing ☐ Check here if storing an *Homemade foods are	nd/or preparing any foo		and fill out the Kitchen Au	uthorization below.		
Complete this section if No The food vendor listed on the following dates:	you are going to prep o food shall be prepar		at an Environmental He Cottage Food is allowe	d. 11.		
Business Name Of Kitchen:	Chaha	Address Of Kitchen:	Phone:			
City: Facility ID:	State:	Type of Permit:		piration Date:		
Owner Signature:		Print Name:	Date:)ate:		
If the commercial kitchen in Health Department must si	n which food preparation gn below authorizing use	n will take place is located o e of the commercial kitchen	utside of Tulare County, and verifying a current	the Local Environmental permit.		
Signed by: Environmental Health Specialist		Print Name:	Date:			
County of:						

Note: Complete the remainder portion of application in lieu of site plan.

	T/COLD HOLDING EQUIPMENT d hot, or cold food cold during the event dates. (Check all that apply.			
☐ I will keep food cold in an ice chest at 45°F for up	to 12 hours in a day and then throw away.				
☐ I will keep food cold in a refrigerator at 41°F and r					
☐ Not Applicable - I will not be working with foods t					
I will keep cooked food hot at 135°F or hotter at all times by using: (Do not use ice chest to keep foods hot) Steam Table or Chafing Dish with canned fuel (sterno) *At the end of the operating day, all hot foods must be thrown away.					
☐ Hot skillet, griddle, or barbecue	Cooling for future re-heating is not allowed a	•			
☐ Crock pot or roaster ☐ Rice cooker	* Do not use ice chests to keep foods hot, mu	ist use a warming device			
☐ Hot dog roller	that is able to keep temperatures hot.				
Other (please specify):					
The state of the state of	THERMOMETERS REQUIRED				
□ A health department approved probe thermometer will be provided to monitor potentially hazardous food temperatures. □ An approved refrigerator style thermometer will be provided for all cold holding equipment (refrigerators, freezers, & ice chests) FOOD PROTECTION Identify methods to protect food from contamination. Check all that apply.					
identify methods to pro	otect food from contamination. Check all that \mathbf{a}_{\parallel}	opiy.			
	 Otect food from contamination. Check all that approximation is the contamination of the contamination. Hinged Chafing Dishes 	☐ Serving Tongs			
☐ Sneeze Guards ☐ Serving/ Sampling Plate with Lid	☐ Hinged Chafing Dishes	☐ Serving Tongs			
 □ Sneeze Guards □ Serving/ Sampling Plate with Lid □ Food Compartments 	 ☐ Hinged Chafing Dishes ☐ Prepared and Stored away from the customers ☐ Other (Specify):	☐ Serving Tongs			
□ Sneeze Guards □ Serving/ Sampling Plate with Lid □ Food Compartments	 ☐ Hinged Chafing Dishes ☐ Prepared and Stored away from the customers ☐ Other (Specify):	☐ Serving Tongs☐ N/A			
□ Sneeze Guards □ Serving/ Sampling Plate with Lid □ Food Compartments FO See Temporary Food Facility Guidelines a □ If working in a fully enclosed building that meets th □ If working from a Tulare County permitted mobile w	☐ Hinged Chafing Dishes ☐ Prepared and Stored away from the customers ☐ Other (Specify):	☐ Serving Tongs☐ N/A☐ N/A tion of requirements.			
□ Sneeze Guards □ Serving/ Sampling Plate with Lid □ Food Compartments FO See Temporary Food Facility Guidelines a □ If working in a fully enclosed building that meets th □ If working from a Tulare County permitted mobile u □ If working inside a food fully enclosed food trailer o All food booths that handle non-prepackaged food requ	☐ Hinged Chafing Dishes ☐ Prepared and Stored away from the customers ☐ Other (Specify):	☐ Serving Tongs☐ N/A☐ N/A tion of requirements.			
Serving/ Sampling Plate with Lid Food Compartments FOOD See Temporary Food Facility Guidelines at If working in a fully enclosed building that meets the If working from a Tulare County permitted mobile upon If working inside a food fully enclosed food trailer of All food booths that handle non-prepackaged food requirements. Floors constructed of concrete, asphalt, tight wood of the contaminants. Full Enclosure of the booth with 16 mesh per squate of the contaminants. Does not apply for non-profit vendors if	☐ Hinged Chafing Dishes ☐ Prepared and Stored away from the customers ☐ Other (Specify):	☐ Serving Tongs ☐ N/A tion of requirements. ext page) shing areas from rain, dust, in size).			
Serving/ Sampling Plate with Lid Food Compartments FOOD See Temporary Food Facility Guidelines at If working in a fully enclosed building that meets the If working from a Tulare County permitted mobile upon If working inside a food fully enclosed food trailer of All food booths that handle non-prepackaged food requirements. Floors constructed of concrete, asphalt, tight wood Overhead protection made of wood, canvas, or of bird/insect droppings and other contaminants. Full Enclosure of the booth with 16 mesh per squate Open County Propagation County Prop	Hinged Chafing Dishes Prepared and Stored away from the customers Other (Specify): DOD BOOTH CONSTRUCTION available online or at our office for a full descrip the food booth requirements (skip to next page) unit such as a cart, trailer, or truck (skip to next page) or truck that meets the food booth requirements (skip to next uire: d, or other cleanable material in good repair. ther to protect food preparation, food storage, and warewas are inch screens, and pass-thru windows (216 square inches inclement weather, insects, vermin, and birds are absent. 1 oth).	☐ Serving Tongs ☐ N/A tion of requirements. ext page) shing areas from rain, dust, in size).			
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WAREWASH SINK REQUIREMENTS A 3 Compartment Sink is Required if operating for more than 4 hours. Please Indicate what warewash sink you will use during the event if operating more than 4 hours. Warewashing sink is (check only one): \square I am a Non-Profit vendor and I will provide the minimum required 3 tub warewash setup to wash, rinse, and sanitize utensils. ☐Provided by event organizer □Providing my own warewash sink □ I will be sharing the sink with the 3 following vendors below: Located inside restaurant and food booth is within 200 feet of restaurant. Restaurant Name: ☐ Warewash sink is not Required – booth operates less than 4 hours per day & provides extra utensils that are clean and sanitized. **Utensil Wash Sink** Warewashing Sink Water Source and Sewage Disposal (Check all that apply): ☐ Water is supplied by a food grade hose with back flow protection device ☐ Water supplied by self contained tank. Tank Size in Gallons: ____ Waste water will drain into a tank. Tank Size in Gallons: Minimum 30 ☐ Waste water will be drained into onsite sewer/septic system HANDWASH SINK REQUIREMENTS Required if sampling, preparing food, and serving beverages. **Gravity Fed Unit** Handwashing sink provided inside food booth by (check only one): ☐ Event Organizer ☐ Food Booth Operator ☐ Not required (serving prepackaged food only-No sampling) Type of Handwashing sink (check only one): Gravity Fed 5 Gallon Unit with hands free dispensing, warm water, hand soap, paper towels, and an approved Waste water bucket - Is only allowed if event is 3 days or less Permanently Plumbed or Self Contained Portable Sink – required if event is 4 days or longer **CLEANING AND REFUSE DISPOSAL** If using multi use utensils (knives, scoops, spatulas, etc.) inside the booth for food preparation mark the appropriate box:

 \square I will clean the utensils every 4 hours in a warewash sinkif food service is more than 4 hours

-OR

- ☐ Food service is less than 4 hours. I will bring extra utensils and replace as needed.
- □ I agree to the following:
 - I will clean food contact surfaces at least every 4 hours
 - I will clean the booth structure as often as needed
 - Refuse will be disposed of as often as needed, and at the end of the event at the organizer's designated location.

By signing this form I agree to comply with the above noted requirements, that the fees are nonrefundable and nontransferable, and certify to the best of my knowledge the statements made herein are true and correct.

	Date:
Annlicant Signature:	Date

This form is available at www.tularecountyeh.org

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