

santa barbara dance alliance

Food Vendor Information Packet

OVERVIEW

Festival Date and Time: Saturday, August 28, 2010 11 AM – 7 PM
Festival Location: Chase Palm Park, Santa Barbara, CA
Application Due Date: Friday, July 16, 2010
Send Application to: Santa Barbara Dance Alliance
1330 State St., Ste. 201
Santa Barbara, CA 93101
For more Information: Sheila Caldwell
805-966-6950
Sheila@sbdancealliance.org

FESTIVAL SPECIFICS

ENTRY REQUIREMENTS:

CALIFORNIA SELLER'S/HEALTH PERMIT

All vendors must have a California Seller's Permit; for more information about the California Seller's Permit, call (800) 400-7115 or www.boe.ca.gov. If you do not have a permit, please apply for a temporary permit as soon as possible: the application process may take a few business days. Additionally, you must obtain a Health Department Permit, (805) 681-4900 and submit the completed application along with the required permit fee of \$180 made out to SBDA. ****You must submit a copy of your California Seller's Permit and Health Department Application including the \$180 fee along with your booth application.****

INSURANCE

You are responsible for your own insurance. Before the Application Due Date, you must submit to SBDA a Certificate of Insurance naming Santa Barbara Dance Alliance as additional insured.

BOOTH SPECIFICS

All spaces are located in Chase Palm Park West of the Carousel. Provide your own canopy, screening, signage, tables, chairs and staffing. Canopies must be weighted down. Vendors will be restricted to the diameter of your reserved space.

NO SPIKES IN THE GROUND

You must not place spikes into the ground, as part of tent setup or otherwise. The Parks Department is serious about this rule, and SBDA cannot make any exceptions.

NO BEVERAGE SALES

You may not sell or distribute water, ice, beverages, or any alcohol items whatsoever. You must also not sell or distribute any glass containers.

RAIN OR SHINE

Santa Barbara is not a likely place for inclement August weather, but you should nonetheless be prepared for unlikely weather conditions. SBDA will not cancel this festival due to weather.

DEPOSIT

Each Vendor will be required to provide a **Cleaning Deposit of \$200**, sent as a separate check along with your booth fee. **Your cleaning deposit check will be shredded following an acceptable clean site inspection** by the City of Santa Barbara. We will not be mailing your cleaning deposit check back to you.

REFUNDS

You may cancel participation in this Festival for any reason and receive a full refund prior to **Friday, July 25, 2010**. After this date, there will be no refunds for cancellations.

SANTA BARBARA INTERNATIONAL DANCE FESTIVAL 2010

Food Vendor Booth Application

CONTACT AND BOOTH INFORMATION

Business or Organization Name	Contact Name
Contact Email Address	Contact Phone
Business Address, City, State and Zip	California Seller's Permit #

Please complete the table below to indicate your preferences and compute total.

Item	Rate	Number	Total
Security Deposit	\$200		\$200
Non- Refundable Booth Deposit	\$250		
SBDA shall retain twenty percent (20%) of Vendors gross sales against which Vendor's \$250 deposit shall be applied.			
Optional: Electricity	\$25 per booth		
Optional: Additional Tables	\$20 per table		
Optional: Additional Chairs	\$5 per chair		
Grand Total:			
1. PROPOSED MENU ITEM: _____ DESCRIPTION OF ITEM: _____ PRICE: _____		2. PROPOSED MENU ITEM: _____ DESCRIPTION OF ITEM: _____ PRICE: _____	
3. PROPOSED MENU ITEM: _____ DESCRIPTION OF ITEM: _____ PRICE: _____		4. PROPOSED MENU ITEM: _____ DESCRIPTION OF ITEM: _____ PRICE: _____	

AUTHORIZED SIGNATURE

My signature below represents that I am authorized to represent the organization listed above, that the information provided on this application is true, complete, and accurate, and that the organization has read, understood, and agreed to abide by the Festival Specifics set forth by the Vendor Information Packet. I hereby agree to release, waive, and hold harmless Santa Barbara Dance Alliance as well as any sponsors, businesses, individuals, or organizations associated with the event, from any loss, damage, or injury that may occur in connection with my and/or organization's staff's participation in this event. I furthermore hereby authorize SBDA to use any pictures or audio and/or visual recording depicting any person for promotional purposes.

I wish to participate in the 2010 Santa Barbara International Dance and Music Festival under the terms described above.

My \$_____ fee is enclosed. Checks made payable to "Santa Barbara Dance Alliance"

Authorized Signature _____

Date _____

Please complete and return to:
Santa Barbara Dance Alliance
 1330 State Street, Suite 201, CA 93105
 966-6950 Email: sheila@sbdancealliance.org
 Fax: 966-6928