



16th Annual Brighton's Smokin' Jazz & Barbecue Blues Festival

Contracted Food Vendor Application **(Rib Vendor)**

September 9 & 10, 2022

FRIDAY, SEPT. 9 5:00-11:00 p.m.

SATURDAY, SEPT. 10 12:00 (Noon)-11:00 p.m.

Rain or Shine!

APPLICATION AND PAYMENT DEADLINE: JUNE 1, 2022

Applications will be frequently reviewed and accepted. Limited spaces are available, and only completed applications will be accepted. Get your app in early!

One application per booth request please.

Business Name: _____

Michigan Sales Tax #: _____

Contact Person (First & Last Name): _____

Contact Person Best Phone Number: _____

Contact Person On-Site Phone Number (if different): _____

Street Address: _____

City, State & Zip Code: _____

Email Address: _____

FOOD VENDOR SPACE OPTIONS (please choose one):

☐ Main Street 12'x30' booth space = \$800

☐ Mill Pond Lane 12'x30' booth space = \$500 Mill Pond Lane vendors are next to the music and beverage area. This area is open from 5:00-11:00 p.m. both Friday and Saturday nights of the festival. Vendors in this area are welcome to open earlier, but the crowd will be there during the above hours. There are very limited booths here, and this is a great spot...especially if you have limited staff!

☐ Please add an additional 15ft of booth space = \$300

BOOTH DETAILS (Size of concession):

Frontage (serving side): _____ feet

Depth: _____ feet

Are you:

- ☐ **Food Truck** (vehicle which you will drive in and cook/serve out of that is not pulled by another vehicle)
- ☐ **Food Trailer** (pulled by a vehicle that will be removed from the street)
- ☐ **Tent Booth**

For food trucks/trailers - Do you serve out of the driver or passenger side of your vehicle (please circle): DRIVER SIDE PASSENGER SIDE

Are you planning to bring a smoker (please circle): YES NO

POWER REQUIREMENTS:

Please note, per the Brighton Area Fire Department, generators are not allowed.

One (1) 110v electrical outlet is allocated to each food vendor.

- ☐ **Yes, I will need my allocated 110v electrical outlet**
- ☐ **No, I will not need my allocated 110v outlet**

Please note additional electrical requirements below (extra charges will apply):

Additional 110v outlets required: # ____ @ \$25 each = \$____

220V/30 Amp* hookups required: # ____ @ \$50 each = \$____

220V/50 Amp* hookups are very limited. If you require a 50 Amp, indicate here ☐ Cost is \$50

***The 220/30 Amp and 220/50 Amp connections look like the below images. If your connection is different, you will need a converter.**



220/30 Amp Outlet. Requires this connection.



220/50 Amp Outlet. Requires this connection.

*Electrical requirements will determine final location. Only those outlets noted on original application will be available for your use during the event. In order to be fair to all vendors, no exceptions and no special accommodations will be made at time of set up. **All vendors must supply their own power cords and a minimum of 200 ft.***

HEALTH DEPARTMENT LICENSING:

Are you currently licensed to operate? ☐ Yes ☐ No

If yes, what type of license do you have?

- ☐ Special Transitory Food Unit (STFU) ☐ Temporary Food Establishment (TFE)
☐ Mobile Food Truck ☐ MDARD (State License) ☐ Fixed (location, store front) ☐ Cottage Food

A copy of your license is required in order to complete your application. All vendors must file all necessary paperwork with the Livingston County Department of Public Health within seven (7) business days of application or your spot will be forfeited.

*Not sure if you are licensed properly? Please contact the **Livingston County Health Department** at **517.546.9850** for more information.*

HOW DO I GET LICENSED?

- Food service license applications are available at the Livingston County Health Department website: www.lchd.org under Food Protection
- Temporary Food Service info and application available:
- <https://www.livgov.com/health/eh/Pages/temporary-food-establishment.aspx>
- Temporary Food License Fees: There are fees for *each* booth or location.
<https://www.livgov.com/health/eh/Pages/food-service-fees-2015.aspx>
- Credit card authorization form:
- <https://www.livgov.com/health/eh/Documents/Permits/EH-Credit-Card-Authorization.pdf>

LIABILITY INSURANCE :

Do you have liability insurance? ☐ Yes ☐ No

All vendors must add the Greater Brighton Area Chamber of Commerce (218 E. Grand River Ave. Brighton, MI 48116) and the City of Brighton (200 N. First Street Brighton, MI 48116) as additional insured on your liability insurance. Please reference the "Additional Insured Guidelines" page on our website for details.

A copy of your certificate is required once accepted. Insurance docs need to be received NO LATER THAN June 30.

SPECIAL NOTES AND REQUESTS:

PAYMENT REMITTANCE: Three payment options are presented below. Please choose one.

All checks should be made out to the Greater Brighton Area Chamber of Commerce and sent to the Chamber with Attn: Linda Carey at 218 E. Grand River Ave. Brighton, MI 48116. Applications and supporting documents with credit card info may also be sent to LINDAC@brightoncoc.org.

Option 1: ☐ Enclosed are two checks - one for **Application Fee (\$25)** and a second for **Booth Fee(s)** for ____ booth(s). Checks should be made payable to the Greater Brighton Area Chamber of Commerce.

Option 2: ☐ Please charge **\$25 Application Fee** and \$_____ **Booth Fee(s)** for _____ # of booth(s) to my credit card. My card information is below.

Option 3: ☐ I would like to set up a payment plan. **I realize that my application fee and half my booth fee are due now, and I agree to pay the balance in equal payments between now and July 1.** I acknowledge if my booth fee is not paid in full by July 1, I forfeit my booth space and I will not receive a refund for 2022 fees already paid. I have spoken with Linda Carey, and she has approved my request for a payment plan.

My initial payment, including the \$25 Application Fee and \$_____ for half my total booth fee:

☐ is enclosed in the form of two checks (one for app fee and one for booth fee)

OR

☐ should be charged to the card below

Payments are due the first of each month from now until July 1. Payment reminders are not available. Please make sure your check is received by the first of the month, or please contact Linda at 810.227.5086 to make your payment with a card over the phone.

FOR CREDIT CARD PAYMENTS:

☐ VISA ☐ MasterCard ☐ Discover ☐ AMEX

Card # _____ EXP Date: _____

Verification Code: _____

Signature: _____

Is address associated with your card the same as the one entered on page 1 of this document? ☐ Yes ☐ No If no, please list billing address here:

APPLICATION CHECKLIST:

*Payment and all documentation is due with application unless otherwise noted. **Please ensure all relevant boxes have been checked before submitting your application/documents/payment.***

☐ A COMPLETE menu is attached

☐ A valid sales tax license is attached

☐ Current photo(s) of booth/truck/trailer set-up is enclosed. Front, side and rear images are requested

☐ **If you are a STFU** - A copy of your Livingston County Health Department license. Please initial here _____ to indicate that you filed a Notice of Intent. Date filed _____.

☐ **All others** - It is your responsibility to notify the Livingston County Health Department to let them know that you are planning to participate in this event. This must be done within three (3) business days of your application or your spot will be forfeited. **A copy of your license is required no later than JUNE 1st in order to complete your application.** Date contacted _____.

☐ APPLICATION FEE (\$25) is included.

☐ BOOTH FEE is included. Booth fees will be processed at time of acceptance. All payments returned due to insufficient funds will result in forfeiture of your space until all payments and associated fees have been received.

☐ A valid and current certificate of insurance naming the Greater Brighton Area Chamber of Commerce (218 E. Grand River Ave. Brighton, MI 48116) and the City of Brighton (200 N. First Street Brighton, MI 48116) as additional insured (certificate holder) is attached. If not attached, I will submit my certificate no later than June 30.

I have read, understand and agree to the terms of the Contracted Food Vendor Information Sheet and Application.

Agreed to by (printed name): _____ Date: _____

Signature: _____

Please complete entire application and submit payment (checks should be made payable to the Greater Brighton Area Chamber of Commerce) along with required documents to:

Greater Brighton Area Chamber of Commerce
ATTN: Linda Carey
218 E. Grand River Ave
Brighton MI 48116

APPLICATION DEADLINE JUNE 1, 2022