



Town of Platteville
400 Grand Avenue Platteville, CO 80651
(970) 785-2245 ~ (970) 785-2476 Fax
www.plattevillegov.org

Harvest Daze Food Vendor Registration

Vendor Name

\$35.00 for Food Vendors

Contact Name

Business Name

Street Address

Mailing Address Line 2

City

State

Zip Code

Phone Number

Email Address

Description of menu being offered:

Colorado Sales Tax Information

Colorado Sales Tax License

Yes, I do have a Colorado Sales Tax License

No, I do not have a Colorado Sales Tax License (Contact Town of Platteville)

Tax Payer Name

Sales Tax ID No.

INDEMNIFICATION AND RELEASE AGREEMENT

- A. In consideration for being permitted to perform the below-described activities, _____ [insert name of person performing activities] agrees to indemnify and hold harmless the Town of Platteville, its officers, employees, insurers, and self-insurance pool, from and against all liability, claims, and demands, on account of injury, loss or damage, including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, which arise out of or are in any manner connected with the below-described activities, if such injury, loss, or damage is caused in whole or in part by, or is claimed to be caused in whole or in part by, the act, omission, negligence, or other fault on the part of _____ [insert name of person performing activities].
- B. _____ [insert name of person performing activities] understands that the below-described activities may involve risks of injury, loss, or damage to _____ [insert name of person performing activities], including but not limited to bodily injury, personal injury, sickness, disease, death, and property loss or damage. By signing this agreement, _____ [insert name of person performing activities] expressly agrees to assume any and all such risks. In addition, in consideration for being permitting to perform the below-described activities, _____ [insert name of person performing activities], hereby expressly exempts and releases the Town of Platteville, its officers, employees, insurers, and self-insurance pool, from and against all liability, claims, demands, on account of injury, loss or damage to _____ [insert name of person performing activities] including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, or property loss or damage, that _____ [insert name of person performing activities] may incur as a result of being upon the premises of the Town of Platteville, its officers, or its employees, or from any other cause whatsoever.
- C. Description of activities to be performed:
Sale of Merchandise for Harvest Daze
- D. Period during which activities are to be performed:
August 19th, 2016 from 3:30pm until 10:00pm
- E. All images and recordings of this event produced by the Town of Platteville, shall become the sole property of the Town and may be used, reproduced and distributed in the future as the Town deems appropriate.

Executed this ____ day of _____, 2016 by the Town of Platteville and the person whose name and signature appear below.

Signature of person performing activities

Printed Name

Important Event Information

Booth setup must be completed no later than 10:45am. Vendors are responsible for setup and tear down of booths. Any vendors who have not paid in full by Friday, August 12th, 2016, will lose their space (no refunds/no rain checks will be given). Vendors must provide all equipment including tent, tables, and electrical generators. A representative from the Town of Platteville will contact you Monday, August 15th, 2016 with booth space information and any additional details. For more information prior to the event, please contact Platteville Town Hall at (970) 785-2245.

Town of Platteville Harvest Daze

Event Date: Saturday, August 20th, 2016

Event Times: 10:30am to 4:00pm

Set Up Begins: 10:30am

Tear Down Begins: 4:00pm

Event Location: Community Complex- 508 Reynolds Avenue, Platteville (Near Mud Volleyball Pits)

Additional Information Attached:

WCDPHE Form 3-Abbreviated Temporary Event

Directions to Community Complex



DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
1555 North 17th Avenue
Greeley, CO 80631



Public Health
Prevent. Promote. Protect.

Web: www.weldhealth.org

**Health Administration
Vital Records**
Tele: 970.304.6410
Fax: 970.304.6412

**Public Health & Clinical
Services**
Tele: 970.304.6420
Fax: 970.304.6416

**Environmental Health
Services**
Tele: 970.304.6415
Fax: 970.304.6411

**Communication,
Education & Planning**
Tele: 970.304.6470
Fax: 970.304.6452

**Emergency Preparedness
& Response**
Tele: 970.304.6420
Fax: 970.304.6469

Our vision: Together with the communities we serve, we are working to make Weld County the healthiest place to live, learn, work and play.

Dear Event Vendor:

RE: Abbreviated Temporary Event Vendor Application

The Weld County Department of Public Health and Environment understands that similar information is gathered for each event that you participate in and we are working to improve the application process. In order to reduce the amount of paperwork and make review times faster, we have developed an abbreviated Temporary Event Vendor Application.

This application can be used provided that you, the vendor, already hold a valid temporary event or mobile unit license and that the duration of the event you are attending is 1 day or less. If you do not meet these restrictions you must complete the standard Temporary Event Vendor Application.

A complete application shall include:

- Completed information form (attached)
- Menu (attached)
- Booth summary (attached)
- Copy of commissary form (attached)
- Copy of license or 501-C-3

The above listed items must be submitted to the event coordinator 14 days prior to the event.

In addition we have attached a document titled Guidelines for Temporary Food Establishments. These guidelines are intended to provide a summary of the requirements that you will be expected to meet (as applicable) at the event site. Note that failure to adhere to these Guidelines and any additional requirements found in the *Colorado Retail Food Establishment Rules and Regulations* may result in actions up to and including: citation of violations, condemnation of food, and/or closure.

If you have any questions please feel to contact 970-304-6415 or visit us on the web at

<http://www.co.weld.co.us/Departments/HealthEnvironment/EnvironmentalHealth/FoodSafety/index.html>



DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

1555 North 17th Avenue

Greeley, CO 80631

Web: www.weldhealth.org

Environmental Health Services (970)-304-6415

Fax (970)-304-6411

Form 3-Abbreviated Temporary Event

All currently licensed vendors that are vending for one (1) day may use this form. This form must be completed and submitted to the Event Coordinator for each event in **Weld County** at least **14 days** prior to the event. Each licensed vendor is responsible for adhering to the current Colorado Retail Food Establishment Rules and Regulations. By signing this application, the licensed vendor is agreeing to adhere to the rules set forth.

Please complete the following information:			
Name of Event:	Date of Event:		
Location of Event:	Hours of Event:		
Temporary Retail Food Establishment Name:	Which county issued your license?		
Contact Name:	Email:		
Telephone Number (Prior to Event): ()	Cell Number (During event): ()		
Mailing address	City:	State:	Zip:

All vendors must provide documentation of licensure or non-profit status

Type of Vendor:		I have attached copy of documentation
Licensed Temporary Event Vendor	<input type="checkbox"/>	<input type="checkbox"/>
Licensed Mobile Unit	<input type="checkbox"/>	<input type="checkbox"/>
Non-Profit (provide documentation)	<input type="checkbox"/>	<input type="checkbox"/>

Please list any additional events and dates that you plan on participating in Weld County

Event name _____ Date _____ Location _____

By signing below, you as the license holder agree to follow the Colorado Retail Food Establishment Rules and Regulations. Failure to comply with the rules and regulations set forth may result in closure of your operation during the event. (original copy of license shall be available onsite)

Signature of License Holder	Date of Signature
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MENU (Please attach additional sheet, as necessary)

Please list all food products and the specific source of all food items (name of grocery chain, wholesaler, etc.)
Be sure to include items such as toppings and condiments.

Food and Drink Items	Location where obtained
Example: Hamburgers	Grocery Store A
Example: Onions	Chain Store B
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

BOOTH LAYOUT AND MAP

Provide a drawing of the Temporary Food Establishment. Identify and describe all equipment.

The map shall include the following:

- Cooking equipment
- Hand Washing facilities
- Food and Single Service storage
- Customer Service area
- Hot and Cold Holding equipment
- Work surfaces
- Garbage containers
- Personal belongings and chemical storage

Summary Paragraph: Write a paragraph or two about how your operation works.

FOR HEALTH DEPARTMENT USE:	
Licensed _____	APPROVED
Needs a license _____	Yes _____
Non-profit _____	No _____
EH Specialist Signature _____	Date _____

**Directions to Community Complex
508 Reynolds Avenue, Platteville, CO 80651**

From US-85 Southbound:

- Head Southbound on US-85.
- Merge Slight Right onto Main Street/US-85 Business Route. *0.5mi.*
- Turn Right onto Reynolds Avenue. *0.3 mi.*
- Destination will be on the right.

From US-85 Northbound:

- Head Northbound on US-85.
- Turn Left onto Grand Avenue. *0.2 mi.*
- Turn Right (3rd Right) onto Division Blvd. *0.2mi.*
- Turn Left onto Reynolds Avenue. *0.2 mi.*
- Destination will be on the right.

From I-25:

- Take Exit 243 for CO-66 East. *8.2 mi.*
- Turn Left onto Division Blvd. *1.0 mi.*
- Turn Left onto Reynolds Avenue. *0.2 mi.*
- Destination will be on the right.