2014 Food Vendor
July 4th Space Application
www.broomfieldrecreation.com
303-464-5530/303-464-5515 fax

- **Fee must accompany your application.**
- **Health Department Application Forms <u>Must</u> be Approved by the Health Department <u>before</u> your Vendor application will be approved**
- **Vendors can not leave before or during the firework display. They must wait until it is safe.**
- **Space Size Is 10 X 10 - No Trailers Without Approval - Additional Spaces Cost More And Must Be Approved**
- **Applications accepted until the event is full. No applications accepted after June 18th.**

BUSINESS_____
CONTACT PERSON 1. _____
ADDRESS_____CITY_____
ZIP_____PHONE (W)_____(H)_____
Please provide an e-mail address where your organization can be contacted.
E-MAIL_____
CONTACT PERSON 2._____
ADDRESS_____CITY_____
ZIP_____PHONE (W)_____(H)_____

LIST ALL BOOTH ACTIVITIES AND ITEMS TO BE SOLD:_____
_____
_____
ELECTRICITY? YES____ NO_____(20 amp service only)
List appliances to be used_____
GENERATOR? YES____ NO _____**Please see "Generators" in the Vendor Information Document. No microwaves will be allowed.**

WHAT TIME WILL YOU SET UP?_____
ARE YOU USING A TARP OR TENT?_____WHAT SIZE?_____

- **All Food Vendors must be approved by the Health Department**

OFFICE USE ONLY $ PAID_____$ OWE_____DATE RCD_____
OF SPACES _____ELEC_____GEN_____SPACE_____
Health _____Insurance _____Zero Waste _____Conf Letter Sent _____

APPLICATION FEES
PROFIT VENDORS

1. Broomfield Business or Individual		2**. Non-Broomfield** Business or Individual	
Fee	W/Elec.	Fee	W/Elec.
$75	$80	$85	$90

PAYMENT OPTIONS: Application will not be processed until payment is received.

1. MC VISA Am Express #_____Exp Date_____

2. CHECK

MAKE CHECKS PAYABLE TO : CITY OF BROOMFIELD

MAIL TO: DANA CABOT
DROP OFF AT: BROOMFIELD COMMUNITY CENTER
280 LAMAR ST
BROOMFIELD CO 80020

3. CASH - Do not send cash through the mail!

DID YOU REMEMBER TO….

- **DOWNLOAD ZERO WASTE INFORMATION AND AGREEMENT**
- **DOWNLOAD INSURANCE INFORMATION**
- **SEND VENDOR APPLICATION AND PAYMENT**
- **DOWNLOAD HEALTH DEPARTMENT INFORMATION AND FORMS**
- **SEND HEALTH DEPARTMENT FORM AND PAYMENT**
- **DOWNLOAD AND READ SALES TAX INFORMATION**

RELEASE: As a participant in the Great American July 4th Festival, I fully understand and agree to the following:

I recognize and acknowledge that I assume full risk of any injuries, property damage or loss which I may sustain as a result of my participating in any and all activities connected with or associated with my participation in the Festival. Further, I understand I store my products overnight and during the festival at my own risk.

I agree to waive and relinquish all claims I may have against the City and County of Broomfield, Broomfield Recreation Services, all associated festival sponsors and any agents thereof, as a result of my participation in the Festival and that I share my products and services at my own risk.

Contractor expressly agrees to indemnify and hold harmless the City and County of Broomfield or any of its officers, employees, elected official or insurance carriers from any and all claims, damages, liability, or court awards, including costs and attorney's fees, that are or may be awarded as a result of any loss, injury, or damage sustained or claimed to have been sustained by anyone, including but not limited to, any person, firm, partnership, or corporation, in connection with or arising out of any omission or act of commission by Contractor or any of its employees or agents in performing work pursuant to this Agreement or **arising out of, connected with, or in any way associated with the activities of the Festival.**

I agree that all demonstration and exhibits may be photographed for publicity purposes.

I agree to abide by all rules set forth in this application:

I agree to abide by all Zero Waste requirements.

_____ _____

Applicant's Name (print) Applicant's Signature Date