2014 Broomfield Days Application
Non Profit Organizations
Food, Games, Activities, Display
www.broomfieldrecreation.com
Matthew Gulley - 303-460-6912/303-410-3822 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**
- **Space Size Is 10 X 10 - No Trailers Without Approval - Additional Spaces Cost More And Must Be Approved**
- **Applications accepted until August 29, 2014 or until the event is full**
- **We ask that no items be given away. Giveaways cut into the fundraising efforts of all the booths. Please charge reasonable and competitive prices, obvious undercutting will warrant removal from the event.**
- **No Out of State Food vendor will be accepted**

ORGANIZATION _____
CONTACT PERSON 1. _____
ADDRESS_____CITY_____
ZIP_____PHONE (W)_____(H)_____
E-MAIL _____

CONTACT PERSON 2._____
ADDRESS_____CITY_____
ZIP_____PHONE (W)_____(H)_____
E-MAIL_____

NON-PROFIT FEDERAL ID NUMBER_____
LIST ALL FOOD ITEMS, BOOTH ACTIVITIES AND/OR OTHER 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 Info Document.**
WILL YOU SET UP ON FRIDAY?_____WHAT TIME?_____
ARE YOU USING A TARP OR TENT?_____WHAT SIZE?_____

- **All Food Vendors must attend a Mandatory Food Service Training. Contact Matthew Gulley at 303-460-6912 to reserve your space in one of the training dates. All trainings are held at the Paul Derda Recreation Center – 13201 Lowell Blvd., Broomfield Co 80020. 303-460-6900 x 0.**

Wednesday September 3 7-8 PM
Wednesday September 10 7-8 PM

OFFICE USE ONLY $ PAID		$OWE	DATE RCD
# OF SPACES	ELEC	GEN	SPACE
Health	Insurance	Zero Waste	Conf Letter Sent

APPLICATION FEES
NON PROFIT – 100% OF ALL PROFIT MUST GO TO THE NON-PROFIT

1. **Broomfield** Non-Profit Org.		2. **Non-Broomfield** Non-Profit Organization	
Fee	W/Elec.	Fee	W/Elec.
$60	$70	$75	$85

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

1. MC VISA Am Express Discover
#_____Exp Date_____

2. CHECK
MAKE CHECKS PAYABLE TO : CITY OF BROOMFIELD
MAIL TO: BROOMFIELD DAYS
DROP OFF AT: PAUL DERDA REC. CENTER
13201 LOWELL BLVD.
BROOMFIELD CO 80020

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

DID YOU REMEMBER TO….(download available at www.broomfieldrecreatio.com)

- **DOWNLOAD AND READ ALL VENDOR INFORMATION**
- **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 Broomfield Days 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 the Zero Waste Agreement. (Please see Zero Waste Agreement)

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