



GOLDEN WEST REGIONAL FLY-IN 2016
Yuba County Airport, Olivehurst, CA
Saturday, October 15, 2016 - 9 am to 3 pm

FOOD VENDOR APPLICATION

Business Name: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Business Phone: _____ Cell Phone: _____

List items to be sold: _____

This Concession Rental Agreement ("Agreement") is made between the company or person named above ("Concession") and Golden West Aviation Association, Inc. ("Golden West"), a California public benefit corporation. Concession hereby agrees to rent and occupy concession space ("Space") at the 2016 Golden West Regional Fly-in ("Fly-in") to be held at Yuba County Airport, Olivehurst, CA on October 15, 2016. Concession agrees to pay a fee ("Rental Fee") for Space and to pay fees ("Service Fees") for other services provided by Golden West at Concession's request.

SPACE:

Golden West will assign Space and reserves the right to make rearrangements of layouts, floor plans, etc., and to relocate any Space. Concession agrees that any such rearrangement or relocation shall not nullify the Concession's obligation to pay Rental Fee or Fees. Concession has not been assigned a space unless and until Concession receives a copy of this Agreement with an authorized Golden West signature.

RENTAL FEE:

Rental Fee shall be an initial fee of \$150.00. Rental Fee is for Space only and all other costs of Concession's operation, including but not limited to electrical service, phone service, tents, tables, chairs, etc., are the responsibility of the Concession.

OTHER SERVICES:

Golden West may provide at Concession's request services, other than Space, in exchange for a Service Fee. Examples of other services are electric service, telephone service, tents, tables & chairs, audiovisual equipment, etc. Arrangement for other services must be made in writing in advance and a deposit must accompany the request.

DEPOSITS:

	No. of Spaces	Deposit Amount per Space	
Space Deposit (due with Agreement)	_____	\$ 150.00	\$ _____
Electric Service Deposit (due 10/01/15)	_____	\$ 25.00	\$ _____

Total Deposit due with Agreement: \$ _____

Make checks payable to Golden West Aviation Association, Inc. **Cashier's check or money order. No personal or business checks. No refunds of Space Deposit will be made after October 1, 2016.**

****Complete "Temporary Food Facility Information Sheet and send back with application.***

LIABILITY:

In consideration of acceptance of the right to participate, entrants and participants, by execution of the entry form, release and discharge the County of Yuba, the Golden West Aviation Association and their officers, directors, employees, agents, representatives, and anyone else connected with the management or representation of the Golden West Regional Fly-in of and from any and all known or unknown damages, injuries, losses, judgments, and/or claims from any cause whatsoever that may be suffered by an entrant to his person or property. Further, each entrant expressly agrees to indemnify all of the foregoing entities, firms, persons and bodies from any and all liability occasioned or resulting from the conduct of entrants or any participant assisting or cooperating with entrant under the direction or control entrant.

_____ ***I have read and agree with the LIABILITY portion of this form (please initial)***

I understand and agree with the above terms and conditions. I understand that I may be removed from the event or denied the ability to set-up at the event without refund if this agreement is violated or if event staff deem my behavior inappropriate.

Signature _____ Date _____

The County of Yuba

Community Development & Services Agency

Kevin Mallen, Director

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 915 8th Street, Suite 123
 Marysville, California 95901

www.co.yuba.ca.us



BUILDING
 749-5440 • Fax 749-5616

CODE ENFORCEMENT
 749-5455 • Fax 749-5464

ENVIRONMENTAL HEALTH • CUPA
 749-5460 • Fax 749-5454

HOUSING AND COMMUNITY SERVICES
 749-5460 • Fax 749-5464

PLANNING
 749-5420 • Fax 749-5434

PUBLIC WORKS • SURVEYOR
 749-5420 • Fax 749-5424

TEMPORARY FOOD FACILITY INFORMATION SHEET

This form must be submitted two weeks prior to the event

Name of Event GOLDEN WEST REGIONAL FLY-IN

Date of Event 10/15/2016 thru 10/15/2016

Name of Concession _____

Operator _____ Phone # _____ Email _____

Address _____

List All Foods To Be Served	Offsite Prep? Yes/No	Cooking Equipment Will Be	Temperature Holding Equipment Will Be

If additional space is needed, use the back of this form.

Food preparation for this event will be done:

- In Food Booth Enclosure On-Site
- At Offsite Facility Located at _____

Provide a copy of the current health permit for the off-site facility and a letter from the owner verifying use of the facility.

- Other: _____

CONTINUED ON THE BACK OF THIS PAGE

**Temporary Food Facility Information Sheet
(continued)**

No home food preparation or storage allowed.

The following facilities/equipment will be provided as per Temporary Food Facility Requirements:

- | | |
|---|---|
| <input type="checkbox"/> Metal Probe Thermometer | <input type="checkbox"/> Food Enclosure(s) |
| <input type="checkbox"/> Handwashing Facility | <input type="checkbox"/> Liquid Waste Container |
| <input type="checkbox"/> Utensil Washing Facility | <input type="checkbox"/> Garbage Container |
| <input type="checkbox"/> Toilets w/Handwashing Facility | <input type="checkbox"/> Potable Water Supply |
| <input type="checkbox"/> Food Booth Enclosure | <input type="checkbox"/> Other (specify)_____ |

I have read and will comply with the Temporary Food Facility Requirements and will provide the above facilities and equipment for my proposed operation.

SIGNATURE

TITLE

DATE