



January 27, 2010

Dear Food Vendor:

Folsom's 3rd Annual Cyclebration is on September 10th – 12th, 2010. Cyclebration is Northern California's most fun, family-friendly weekend of bicycle riding and racing, centered around the trails, lakes, history, and hills of Folsom. Saturday will be the most active day with 8 cycling events. The cycling events will be centered around a festival held in Folsom City Park.

The festival is focused on being fun, healthy, and active! We welcome any and all kinds of food and drinks. Alcohol is allowed to be served this year but will be limited. All food vendors must have proof of insurance, California Seller's Permit, and must pass the temporary food facilities health inspection. Please attach copies of insurance and the California Seller's Permit with your application, which is due by Friday, August 6th, 2010. Any inspections by the health department can accrue additional costs, which will be assessed at a later date and paid to the event organizer.

Over the entire weekend 5,000 people will be either participating in the events or watching. For the festival on Saturday we are expecting over 3,500 people. We already have many retail stores, bike shops, and local restaurants involved and you may want to secure your spot soon. Please look over the instructions and packet carefully. If you want to participate fill out the application completely and return it to the address below by Friday, August 6th, 2010.

Please mail your application to:

Folsom Parks and Recreation Department
Kelly Ford
50 Natoma Street
Folsom, CA 95630

Sincerely,

Kelly Ford
Recreation Coordinator
kford@folsom.ca.us
916-351-3505

For more information please visit our website:
www.folsomcyclebration.com



2010 Cyclebration
 Folsom Lake Bike
 Festival
 September 11
 Sat., 10am – 5pm

Vendor Application

Deadline: All applications must be received by Friday, August 6th, 2010.

Thank you for your interest in being a vendor in the 3rd Annual Cyclebration. Please read all information carefully and fill out the application completely. The application is neither an offer nor a guarantee of space. If you have any questions please contact Kelly Ford at (916) 351-3505.

Incomplete Applications will not be considered.

Vendor Packages

<p><u>Vendor Package C (Food Vendors)</u> \$250*</p> <p>Reserved booth space (10x10) for preparation and selling food items with proper health permit requirements.</p> <p>*Previous year food vendors will receive \$50 off if registered by June 30th, 2010.</p> <p>All vendors must provide their own table, tent and materials needed to run the booth.</p>
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Food Vendors Rules and Guidelines:

1. Food Vendors will sell food items only. All booths must comply with all government rules and regulations regarding health, fire, and safety.
2. This is a “non-smoking” event.
3. All vendors must possess and provide a copy of their current California Seller’s Permit with this application. Proof of permit must be available on site. Permits may be obtained from: State Board of Equalization, 3321 Power Inn Road, Suite 210, 95826-3889 or call 916-227-6700. You may also contact your local board office. You must include a photocopy of your seller’s permit license with this application.
4. All vendors must collect and report all sales tax to the State Board of Equalization.
5. Food vendors are required to be on site, completely set-up and ready for the Health Department inspection by 9:30am, no exceptions and no refunds if late.
6. Vendors are required to stay open for the duration of the festival with adequate supplies.
7. The festival coordinators reserve the right to limit duplication of food items.

8. Please send photos of your booth or food stand. These photos will not be returned.
9. Vendors must complete and fill out a Temporary Food Facilities (TFF) Operators Packet and return any required materials to the festival coordinator. TFF's will be handed out to each food vendor once the application and required materials are received and accepted. TFF's will aid in the inspection of the Health Department and avoid any additional fees. Inspection fees will be assessed at a later date.
10. Alcohol is allowed this year but in limited quantities please contact the vendor coordinator Kelly Ford at 916-351-3505 for information.
11. Limited electricity is available; please contact the vendor coordinator Kelly Ford to see if we can accommodate you.
12. Please provide a copy of your insurance for our records in order to cover your employees, booth, materials, etc. from injury or damage.
13. No refunds will be given after August 31st, 2010 for the expo / festival. Otherwise all requests for refunds must be requested through Kelly Ford either by e-mail, kford@folsom.ca.us, or phone, (916) 351-3505.

Vendor Application
2010 Cyclebration
September 11th, 2010
Sat., 10 am – 5pm



Contact: Kelly Ford at (916) 351-3505
50 Natoma Street Folsom, CA 95630

Please print legibly and fill in completely.

Business Name: _____
Contact Person: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Day Phone: (____) _____ Eve. Phone: (____) _____
Fax: (____) _____ E-mail: _____
CA Seller's Permit Number: _____ (please include photo copy)
Vendor Package (please circle): C Bringing Generator: Yes / No
Amount Enclosed \$ _____

*Please indicate type of booth on back or on a separate sheet describing food or product.

<p>Sponsor / Vendor will provide:</p> <ul style="list-style-type: none">• Booth materials – table, pop-up, interactive activity• Any other items needed to sell product, food, etc. <p>Festival Coordinator will provide:</p> <ul style="list-style-type: none">• Reserved booth space with vendor name
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Liability Waiver

I agree to indemnify and hold harmless The City of Folsom Parks and Recreation Department, California State Parks and Kaiser Permanente their employees, contractors and officers and any other cosponsoring agencies from any liability for injuries or damages which may arise as a result of participation in this activity. I further agree that The City of Folsom Recreation Division may act in an emergency as best fits the situation in the event of either myself or emergency contact can not be reached. I am aware that the sponsoring organizations do not carry medical insurance for participants in this activity.

Print Name _____ Date ____/____/____
Signature _____ Date ____/____/____
Coordinator's Signature _____ Date ____/____/____