



Dear Vendor,

The City of Bainbridge will be sponsoring the Fourth of July Celebration to be held at the Earle May Boat Basin in Bainbridge, Georgia. This is a free, community event, open to all ages.

We will be accepting twelve (12) vendor applications for the event this year. The fee for each vendor will be **\$125.00**. Vendors must provide the City of Bainbridge with a **Certificate of Liability Insurance** in the amount of \$1,000,000.00, naming the City of Bainbridge as an **Additional Insured** and the **Certificate Holder**, to be considered for the event.

If you are interested in being a vendor, please fill out the enclosed application and return it, your Certificate of Liability Insurance, and the \$125.00 fee to:

The City of Bainbridge
Attention: Megan Wimberley
P.O. Box 158
Bainbridge, Georgia 39818

Note: Make all checks payable to The City of Bainbridge

If you are a food vendor, a Food Service Permit is required. Enclosed please find a copy of the application for the Food Service Permit from the Decatur County Health Department. There is **NO** fee for the Food Service Permit when vending during a City sponsored event. The application and a copy of your menu will need to be mailed to the address listed above **NO LATER THAN JUNE 23, 2017**.

Should you have any questions regarding the event or either application, please do not hesitate to contact me by email or at one of the numbers below.

Thanks,

A handwritten signature in black ink that reads "Megan Wimberley".

Megan Wimberley
Special Events Coordinator, City of Bainbridge
Office: (229) 400-9183
meganw@bainbridgcity.com

VENDOR AGREEMENT

EVENT: Fourth of July Celebration

DATE: July 4,2017

Vending Fee: \$125.00 Total Paid: _____ Date Paid: _____

Tent/Trailer: _____ Space/Size: _____ Power Provided: _____

No part of your setup may extend beyond the space provided above. This includes tent tie downs, trailer hitches, campers, canopies, etc. Please include the **TOTAL** footage required for your space. You will be assigned a space in the week prior to the event. You will not be allowed to change your space unless you receive approval from the events coordinator. This is to maintain a variety of vendors on each corner of the event and so that no two similar vendors will be in direct competition with one another.

There will be **NO** 30-amp service. If you need 30-amp service, you **MUST** bring a generator. You must also bring your own heavy duty extension cord if necessary for setup.

Will you be using a generator? Please check one: **Yes** **No**

VENDOR RULES

1. Accept location assigned. Locations will be assigned in the week prior to the event by the Event Coordinator and are based on the product/food/beverage being sold. The City of Bainbridge reserves the right to refuse any vendor.
2. You are responsible for any Georgia Sales Tax.
3. Sell only the items noted on the application you provided to the City of Bainbridge. Only authorized vending will be allowed. (This includes, but is not limited to, bottled water and soft drinks).
4. **NO REFUNDS** will be made for any reason, any cancellation, removal for cause, or act of God.
5. Only one 20-amp outlet is provided per spot (i.e., a spot to plug in two extension cords). Additional outlets may be purchased for \$30.00 in advance by contacting the Event Coordinator—when available. **A 30-amp service is not available.**
6. **You must bring suitable containers to handle your grey water and grease.** Running water is available at the site of the event if needed. If you have any question concerning setup, please do not hesitate to contact the Event Coordinator.
7. Failure to abide by these rules will result in removal from the event and all fees forfeited.

VENDOR AGREEMENT

Name: _____

Business Name: _____

Work Phone: _____ **Cell Phone:** _____

Email Address: _____

Mailing Address: _____

Items to be Sold:

Please list the products you wish to sell at this event. Be very specific in your descriptions. You may use another sheet to detail these items if necessary.

I have read and will comply with the rules of this event and I will comply with all applicable laws. I hereby release and forever discharge from any liability the event organizers, its sponsors, and their affiliated companies, officers, agents, and employees. I will also not hold the event organizers responsible for loss due to damage or theft. I understand that the above described event in no way guarantees any return or benefit. I understand these rules and limitations.

Signature

Date



SOUTHWEST PUBLIC HEALTH DISTRICT
Decatur County Health Department
Environmental Health Section

Physical Address: 101 S. Broad Street
 Bainbridge, GA 39817
 (229) 515-4341 Fax (229) 400-9316
 Mailing Address: 928 S West Street
 Bainbridge, GA 39819
 Emergency (888) 430-4590
 www.southwestgeorgiapublichealth.org

Nonprofit Food Service Operations

Three criteria must be met in order for a nonprofit food service permit to be issued to an organization or individuals holding a nonprofit fund raiser/event:

_____ Organization must show proof of nonprofit tax exempt status prior to issuance of a permit. A copy of the organization's 501 C paperwork could be requested and/or a statement (preferably on letterhead) attesting the nonprofit status of the organization.

_____ The food service operation must last 120 hours or less. 5 days must lapse from the expiration date of the previous permit prior to issuance of another permit.

_____ The food service operation must be conducted on the organization's property, or have written permission to use another's property for the food service operation.

Event Name:	Booth Name:
Event Location:	Person in Charge:
Date/s of Operations:	Menu Items: For detailed menus use back of application
Daily Hours of Operation:	
Event Coordinator:	

Name of Applicant:		
Address:		
City:	State:	Zip Code:
Telephone Number:	Alt. Telephone Number:	
Applicant Signature:		Date:

_____ For Health Department Use Only / Do Not Write Below This Line _____

_____ Nonprofit food service operation was reviewed and food safety instruction was given to the organization and/or applicant.

_____ Health Department Representative

_____ Date