



DATE: February 22, 2017
TO: Freedom Festival Food Vendors
FROM: Freedom Festival Committee
SUBJECT: 2017 Freedom Festival

The Freedom Festival Committee would like to thank you for your participation in the 12th Annual Freedom Festival. We are excited that our festival is in its 12th year and are grateful for the support of long time vendors as well as new ones.

We want to make you aware of changes that the NC Department of Revenue (NCDOR) enacted in 2015. For more information on these changes, please refer to NC General Statute 66-255 located on the NCDOR website. These changes affect both "for profit" and "non-profit" vendors. Some of the changes both event operators and vendors must comply with are:

- The operator of the event is required to maintain a daily registration list of all vendors selling or offering goods for sale at the event.
- Each vendor is required to keep their festival application conspicuously and prominently displayed for Freedom Festival patrons to see.
- The NCDOR requires the Freedom Festival Committee to keep records of:
 - All Vendors' Names
 - All Vendors' Permanent Addresses
 - All Vendors' NC Sales Tax Account ID #.

Note: *This is not your Federal Tax ID or Social Security number and is not required if you are not selling tangible goods.*

To stay in compliance with the NCDOR, we are requiring our vendors who are selling tangible goods to comply with the above information. If you need more information on these changes, please visit <http://www.dornrc.com/>

Our festival is now a 2 day event and we are asking our food vendors to participate during both days. Please see the application for the times on both days.

I look forward to seeing you on Friday, May 26, 2017.

Gail Boyles
Festival Coordination
lowellincfreedomfestival@hotmail.com

The Lowell Women's Club and The Lowell Recreation Department proudly present the 12th Annual Lowell Freedom Festival

Food Vendor Application

Friday May 26, 2017 6pm-10pm

Saturday, May 27, 2017 10am – 10pm

Harold Rankin Park-Main Street Lowell, NC

Registration Fee: \$70.00

Your Name: _____

Company Name: _____

Address: _____

Phone Number: _____

Email: _____

NC Sales Tax Account ID # _____

Type of food at your booth: _____

***There is an exclusive vendor for popcorn, sno cones , slushies, cotton candy, candy and caramel apples, and funnel cakes.**

- Outdoor booth space is 10'x10'. **You are responsible for supplying tents, tables, and chairs. See below for additional optional services.**
- **Cancellation Policy:**
 - Full refunds will be processed on cancellations received no later than May 1, 2017.
 - Cancellations received after May 1, 2017 will be subject to a \$10.00 handling fee.
 - No refund will be processed on cancellations received after May 10, 2017.
 - No refunds will be issued due to inclement weather on the day of the festival.
- All booth space applications are reviewed by The Lowell Recreation Department and The Lowell Women's Club to determine acceptance to the festival. If your application is rejected, your money will be fully refunded prior to May 10, 2017.
- **A mandatory Gaston County Application for Temporary Food Establishment Permit must be sent along with your application by May 1, 2017- NO EXCEPTIONS.** The Gaston County Environmental Health Division **may** require you to pay a \$75.00 "Temporary Food Establishment" permit fee. The Gaston County Environmental Health Division will contact you to pay this fee. ****THE HEALTH DEPARTMENT REQUIRES YOU TO FILL OUT THIS FORM EVEN IF YOU SELL PRE-PACKAGED FOOD!**
- Booth and festival information will be sent to you via email no later than May 22, 2017. If you need information before then, call 704-661-2015 or email lowellncfreedomfestival@hotmail.com
- Set up hours are:
 - 3:00pm to 5pm Friday, May 26, 2017. Contact us if you need to come earlier.
 - Your exhibit area must be cleaned and cleared by 11:00pm on May 27, 2017.

By signing below, you agree to all of the above information and to release The City of Lowell, The Lowell Recreation Department, and The Lowell Women's Club from any claims for damages, injuries or loss

suffered by you or anyone participating with you as a result of participation in the 2017 Lowell Freedom Festival event and waive any claim that you or anyone participating with you might have against the above sponsors for damages arising out of, or in any way relating to, your participation in this event.

***Any forms unsigned will be returned to you along with your check.**

Signature: _____

Print Name: _____

Payment Checklist and Optional Services:

10 x 10 Booth Space \$65.00 Booth Size needed _____ Total _____

Power supply \$25.00 PER 110volt outlet

*Limited number of outlets. **FIRST COME - FIRST SERVE.** Total Outlets Needed: _____

Water \$5.00

You will need your own portable container. _____

Bagged Ice \$5.00

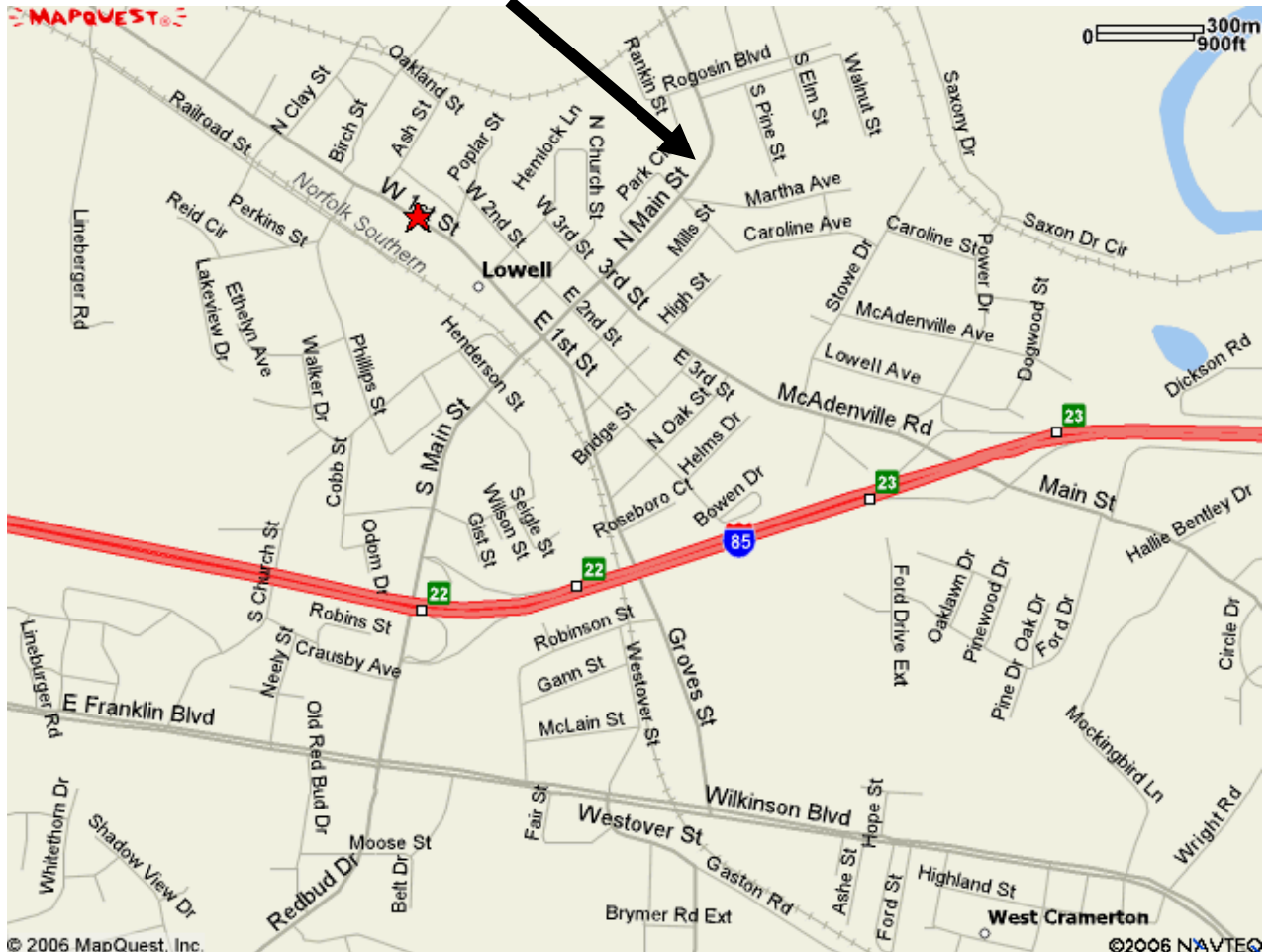
Total Bags Needed _____ Total _____

10# bags of ice are available on a pre-order basis.
Pre-ordered bags will e delivered to your booth by 10:30am

Grand Total _____

- Registrations must be received no later than May 1, 2017. Make checks payable to The Lowell Women’s Club. Our mailing address is:
The Lowell Women’s Club
4020 River Falls Dr
Lowell, NC 28098

Harold Rankin Park





GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

991 West Hudson Boulevard • Gastonia, North Carolina 28052
704-853-5200 • www.gastonhhs.org

Temporary Food Event Vendor Application

This application must be completed and submitted to Gaston County Environmental Health to provide information about all food preparation and sales to the public at any public event or exhibition within Gaston County. **Applications must be submitted no later than 15 days prior to the event.**

Please note: A fee of \$75.00 will be required for each food service permit and must be paid with the submission of each Food Vendor Application.

1) Name of Event: _____ Date of Event: _____

2) Address of Event: _____
street city state zip

3) Name of the Vendor: _____ Vendor Phone: _____

4) Vendor Business Name: _____

5) Vendor Business Address: _____
street city state zip

Please note: food booth must be completely set up prior to permitting and NO food preparation is allowed in the booth until the permit is issued

6) Date for permitting: _____ 7) Time for permitting: _____

8) Applicant Email Address: _____

9) Will vendor prepare food prior to the event?

- Yes
 No

If you checked "yes" food will be prepared prior to the event*, provide the name of the facility where food will be prepared:

Name of Prep Facility: _____ Date of Preparation: _____
Time of Prep: _____

Address of Prep Facility: _____
street city state zip

**Please Note: Advanced preparation may require a permit by Gaston County Environmental Health for the preparation site.*

10) *As of September 1, 2012, the vendor/permit holder shall require all food service employees to comply with an approved Employee Health Policy. Do you have an approved Employee Health Policy?* Yes No

11) *Please check the box that best describes the source of water for your food booth:*

- Public water supplied by organizer (requires food grade hose)
- On-site private well (requires sampling by Gaston County Environmental Health)
- Tap water supplied by vendor
- Bottled water supplied by vendor

12) *Check the box that best describes the disposal method for the following:*

- | <u>Garbage</u> | <u>Wastewater</u> | <u>Grease</u> |
|---|---|--|
| <input type="checkbox"/> Waste can taken off site | <input type="checkbox"/> Portable toilet at event | <input type="checkbox"/> Grease taken offsite |
| <input type="checkbox"/> Event dumpster | <input type="checkbox"/> Event grey water bin | <input type="checkbox"/> Event grease receptacle |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

13) *Check the box that best describes your equipment:*

- | <u>Cold Holding</u> | <u>Hot Holding</u> | <u>Utensil Washing</u> |
|--|---|--|
| <input type="checkbox"/> Refrigerated truck | <input type="checkbox"/> Chaffing dishes | <input type="checkbox"/> 3 Utility Sinks |
| <input type="checkbox"/> Commercial refrigerator | <input type="checkbox"/> Electric Hot Box | <input type="checkbox"/> Gravity Flow Set Up |
| <input type="checkbox"/> Freezer | <input type="checkbox"/> Grill | <input type="checkbox"/> 3 Basins |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Hand washing Set-up

- Mechanical Sink
- Gravity Flow Set-up
- Other: _____

14) *Will ready to eat produce (vegetables or fruit) be prepared in your food booth?*

- Yes (requires a prep sink) No

15) **Provide a complete list of all food/ menu items in the chart below and check “Advanced Preparation” if the food/ menu item will be prepared prior to the event or check “Prepared at Event” if no advance preparation is needed. Check both “Advanced Preparation” and “Prepared at Event” if food/menu item requires both types of preparation.**

Please include all add-on items such as lettuce, tomato, onion, etc. (Example hamburgers with cheese, lettuce, tomato, onion)

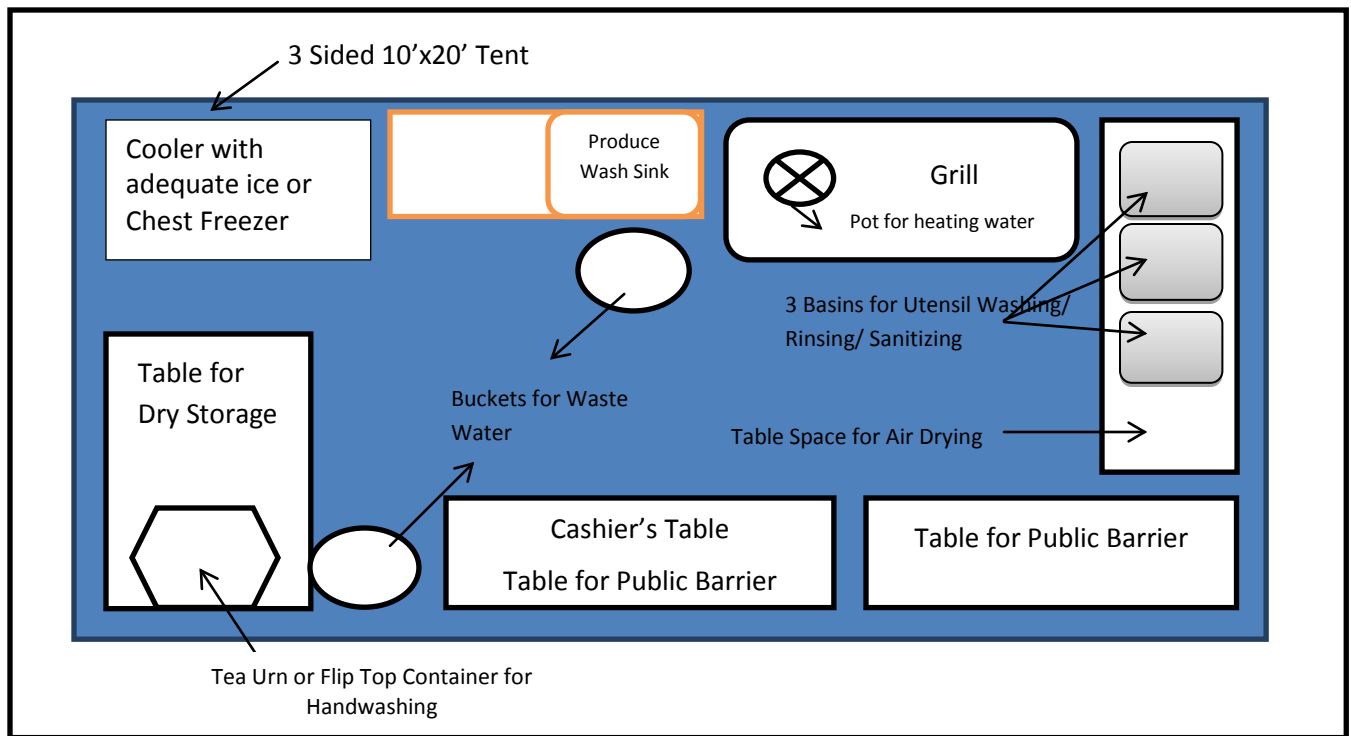
Food/ Menu Items	Advanced Preparation*	Prepared at Event

*Please note: food preparation may not exceed more than 7 days prior to the event.

16) Check the box which describes your food booth set up:

3 Sided Tent Tent with Fans Mobile Food Unit Other: _____

17) The following example of a typical food booth set-up. Please note that ALL food booths must have approved hand wash set-up for washing, rinsing, and sanitizing equipment. Other equipment needs may vary.



I certify that the information in this application is complete and accurate. I understand that:

- Any changes to my operation must be submitted to the Gaston County Health Department for review and approval prior to the day of the event
- All potentially hazardous foods (PHF) that I am serving must be maintained at approved temperatures (45 F or below for cold food and 135 F or above for hot food) during transport, holding, and/ or service
- Failure to maintain approved temperatures for PHF may result in disposal or embargo of the food.

Applicant Signature: _____ Date: _____

Office Use Only

Reviewer Signature: _____ Date: _____

Comments: