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29<sup>th</sup> Annual Jubilee Festival Food Vendor Application  
September 23 & 24, 2017

**Please Submit Your Application To:  
Eastern Shore Chamber of Commerce  
327 Fairhope Ave.  
Fairhope, AL 36532  
Call: (251) 928-6387 or Email: [lroberts@eschamber.com](mailto:lroberts@eschamber.com)**

*Deadline for applications is July 20*

Name of Commercial Food Vendor: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Food description: \_\_\_\_\_

\_\_\_\_\_

**Food Court Requirements:**

- Units must be self-contained. Water will be provided in the Food Court to fill holding tanks only.
- At the end of each day, vendors will be required to dispose of contaminated water. Each vendor is responsible for any supplies needed for this disposal and to treat holding tanks.
- Trash must be placed in garbage bags (provided by vendor) and sealed to be picked up each evening by the City of Daphne Sanitation Department.
- Vendors bear the responsibility for all set-up and security needs. Neither the ESCC, its representatives, the committee, nor the City of Daphne will be responsible for loss or damage of any kind.
- All vendors must comply with the City of Daphne safety and fire prevention codes, and have appropriate fire extinguishers.
- All vendors must provide proof of insurance when submitting the application.

In Show Vendor Requirements:

Vendors selling commercially pre-packaged foods and canned beverages will be placed within the Festival, among the exhibitors. A health food permit is NOT required for these vendors.

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BOOTH FEES:            Make check payable to:  
                                 EASTERN SHORE CHAMBER OF COMMERCE

Fees for Commercial Food Vendors:

- \_\_\_\_\_ \$300    Non-Profit with Commercial Food Vendor
- \_\_\_\_\_ \$500    Commercial Food vendor in Food Court
- \_\_\_\_\_ \$400    Member of Eastern Shore Chamber of Commerce  
                                 (Commercial Food Vendor in Food Court)
- \_\_\_\_\_ \$250    In-Show Food Vendor (pre-packaged, non-cooked  
                                 foods and canned beverages. (Limited electrical and  
                                 water availability).

Health Department Permit Fee: Check Payable to *Baldwin Co. Health Dept.*

\_\_\_\_\_ \$50 permit Fee (Not required for In-Show pre-packaged food vendors.  
                                 Please fill out Health Department form at the end of this application.

Insurance

\_\_\_\_\_ Provide proof of insurance when submitting this application.

Electrical Requirements:

Number of electrical outlets required: 110 Volts \_\_\_\_\_ 220 Volts \_\_\_\_\_  
Estimate of wattage needed: Amps \_\_\_\_\_  
(220 cord will be hard wired – have cord end ready)

Space Requirements:

Length along curb: \_\_\_\_\_

Width from curb out: \_\_\_\_\_

\*\* (Include trailer hitch or unusual pump-outs, table and chairs, etc., give dimensions of a rectangular box that would contain your booth.)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALABAMA DEPARTMENT OF PUBLIC HEALTH  
APPLICATION FOR A PERMIT TO OPERATE**



PLEASE PRINT LEGIBLY

DATE: \_\_\_\_\_, 20\_\_\_\_ COUNTY \_\_\_\_\_

**LEGAL NAME** of Establishment: \_\_\_\_\_  
Include DBA if other than Legal name

Physical Address of Establishment: \_\_\_\_\_

City / Town: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Applicant Business Structure is a ( check one ):**

- Corporation   
  Limited Liability Corporation (LLC)   
  Partnership   
  \*\*Individual / Sole Proprietorship   
  Nonprofit Corporation

**\*\*For Individual / Sole Proprietorship only:** Number of Employees NOT Including Yourself \_\_\_\_\_

- Municipality   
  County   
  State   
  Joint City / County   
 Other: \_\_\_\_\_

**NAME of OWNER / Proprietor:** \_\_\_\_\_

Mailing Address ( if different ): \_\_\_\_\_

**MANAGER'S NAME:** \_\_\_\_\_ Telephone Number: \_\_\_\_\_

- Smoking Preference: \_\_\_\_\_ GREASE Disposal Method \_\_\_\_\_
- Smoking   
  Non-Smoking   
  Designated Smoking   
 Grease Disposal Method Approved?: Yes  No  N/A

**TYPE of PERMIT - CHECK ONE:**

- |  |  |
|--|--|
| <input type="checkbox"/> Food Service Establishment / Catering / Schools | <input type="checkbox"/> Retail Food Store   |
| <input type="checkbox"/> Limited Food Service Establishment              | <input type="checkbox"/> Mobile Food Establishment<br><small>(Plan of Operations Attached)</small>     |
| <input type="checkbox"/> Temporary Food Service Establishment            | <input type="checkbox"/> Limited Retail Store  |
| <input type="checkbox"/> Food Processing Establishment                   | <input type="checkbox"/> Camp : Type<br><input type="checkbox"/> Day <input type="checkbox"/> Resident |
| <input type="checkbox"/> Hotel - Number of Rental Units _____            | <input type="checkbox"/> Swimming Pools<br><input type="checkbox"/> Yes <input type="checkbox"/> No    |

I hereby certify that the above statements are true and correct, and I (we) agree to comply with all of the provisions of the State Board of Health Rules, and hereby authorize the County Health Officer, the State Health Officer, or their representatives to enter upon the premises of the above named establishment for inspection purposes.

SIGNED: \_\_\_\_\_

PRINT: \_\_\_\_\_ TITLE: \_\_\_\_\_

<b>FOR OFFICIAL USE ONLY</b>		
US Citizenship Verified ?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Are products from this establishment distributed in intercounty commerce?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Application Approved By: _____	PERMIT Number Issued: _____	
Local Health Department _____	Date _____	
If Applicable:	ISSUE DATE: _____	
Fee Code: _____ Client Number: _____	EXPIRATION DATE: _____	
Fee Amount: _____ Receipt Number: _____		
Fee Paid: _____		

### Application for Temporary Concession Food Permit

\*\*\* Applications for temporary events shall be submitted three (3) weeks prior to event start. Drawing of setup and equipment must accompany application. **Applications received after deadline may be denied.**

Date \_\_\_\_\_, 20\_\_\_\_\_  
Name of Establishment: \_\_\_\_\_  
Name of Event: \_\_\_\_\_  
Event Location: \_\_\_\_\_  
Date(s) of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

#### Owner Information

Owner Name: \_\_\_\_\_  
Owner Address: \_\_\_\_\_  
Owner Home Phone: \_\_\_\_\_ Owner Fax: \_\_\_\_\_  
Owner Mobile Phone: \_\_\_\_\_

Type of setup: Mobile Trailer \_\_\_\_\_ Tent: \_\_\_\_\_  
Water Source: Provided: \_\_\_\_\_ Carried to Event: \_\_\_\_\_  
Sewage Disposal: Provided: \_\_\_\_\_ Self Disposal: \_\_\_\_\_ How Disposed? \_\_\_\_\_

#### Menu Information

List all items to be sold at event:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that the above statements are true and correct and I (we) agree to comply with all of the provisions of the State Board of Health Rules, and hereby authorize the County Health Officer, the State Health Officer, or their representatives to enter upon the premises of the above named establishment for inspection purposes.**

Signed \_\_\_\_\_  
Title \_\_\_\_\_

#### For Health Department Use Only

Application Approved  With Special Conditions \_\_\_\_\_  
 Application DENIED because: \_\_\_\_\_  
Application Approved By \_\_\_\_\_ Permit Number Issued \_\_\_\_\_  
Date Permit Effective \_\_\_\_\_ Date Permit Issued \_\_\_\_\_ Date Permit Expires \_\_\_\_\_