

CELEBRATE WALLINGFORD 2010

**Wallingford Center, Inc.
Production**

**Saturday October 2 ~ 11AM – 7PM
Sunday October 3 ~ 11AM – 6PM**

TASTE OF WALLINGFORD

INFORMATION AND APPLICATION



TASTE OF WALLINGFORD

A PRODUCTION OF WALLINGFORD CENTER, INC.

October 2 & October 3, 2010

CRITERIA FOR PARTICIPATION

RULES AND REGULATIONS: Participants agree to adhere to rules and regulations of the Taste as contained herein and all laws, ordinances, and orders by various Town and State agencies such as Health, Sanitation, Electrical, Fire, & Police. Participants must be a **Wallingford** business or restaurant or a non-profit organization operating in the town of **Wallingford**. These rules and regulations may be modified from time to time based on the requirements and orders of the overseeing agencies.

INSURANCE: Participants will be required to have a public liability policy with minimum liability limits of not less than \$300,000. for personal injury to any one person, \$300,000. for personal injury as the consequence of any occurrence, and \$300,000. for injury to property. A Certificate of Insurance is required of all participants.

CERTIFICATE OF INSURANCE MUST ACCOMPANY THE APPLICATION AT THE TIME IT IS SUBMITTED.

TOWN COMPLIANCE: Participants must comply with the Town of Wallingford Health and Electric requirements.

IDENTITY: Participants will be identified at the "Taste" by the name used at their principal place of business.

FOOD ITEMS: Restaurants may sell only approved food items, as listed on the application. Please keep the requests to three items. No other items, such as tee shirts, cups, aprons, etc., may be sold during the event. Items will be reviewed to avoid duplication.

BEVERAGES: No participants may serve or sell beverages at the "Taste". Beverage sponsorships are exclusive to the beverage participants.

SUPPLIES: Vendors must supply all equipment required to operate their food booth, and are responsible for their storage facilities, supplies, and eating utensils.

TENT CLEANING: Booth tents must be cleaned of all soot and grease by the end of the event. **Any damage to the tents will be the responsibility of the participant not Wallingford Center Inc.**

ELECTRICITY: No appliance or usage of more than 16 amps will be allowed unless previous arrangements are made. **No connections for additional power will be made the day of the event.** Anyone using power other than electrical will abide by town regulations.

GREASE: Restaurants cooking with grease are responsible for its storage and removal.

TRASH: Vendors are responsible for disposal of their trash directly into one of the bins located on the site.

SECURITY: Continuous security will be provided by the *Celebrate Wallingford* Committee beginning Saturday, October 2nd through Sunday, October 3rd. Security will be on the event site 24 hours a day. Wallingford Police personnel will be the primary security during the event hours.

ADVERTISING: Extensive promotion of *Celebrate Wallingford* and its participating restaurants will be provided by Wallingford Center, Inc.

BOOTH LOCATION: The location of each booth is at the discretion of the Taste Committee. Every effort will be made to accommodate specific site requests (according to power usage).

TASTE OF WALLINGFORD

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October 2 ~ 11 a.m. – 7 p.m.

October 3 ~ 12 p.m. – 6 p.m.

VENDOR APPLICATION

IMPORTANT: This application and appropriate booth fee must be received no later than September 1, 2010, to reserve a space. Any applications received after that date will be on a first come, first served basis. Make checks payable to **Wallingford Center, Inc., 261 Center St., Wallingford, CT 06492.** (Note: there will be a \$25.00 fee for any returned checks.)

Vendor Name _____

Contact Person _____

Address _____

City _____ **State** _____ **Zip** _____

Owner's Name _____

Fax # _____

Entry Fee: \$450.

+ **\$10** for overnight security

\$460.00 Total

Amount enclosed _____

**The *Celebrate Wallingford* Committee
reserves the right to reject any application.**

Signature of Vendor and Title

Date

**CERTIFICATE OF INSURANCE MUST ACCOMPANY
APPLICATION. NO EXCEPTIONS.**

Return to Wallingford Center, Inc., 261 Center St., Wallingford, CT 06492

**Any questions please call: 201-284-1807 or email:
lizlandow@wallingfordcenterinc.com**

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October 2 and 3, 2010 ~ for further information: (203) 284-1807

RESTAURANT VENDOR

Important: This information must be returned with the application.

Electric

All vendor booths will be equipped with an overhead light and one plug that has a maximum power limitation of 20 amps (120 voltage). Additional voltage and amperage is available. Be sure you properly list your electrical requirements, as your equipment will not work properly and you may be subject to closure by the Health Department or other government agencies. No overload will be permitted.

Please list all appliances to be used in your booth.
Vendors are responsible for obtaining listed items.

# of Units	Description	Amps	Watts	BTU's
	Fryer			
	Steam Table			
	Heat Lamp			
	Cooler	9 amps		
	Freezer			
	Gas Oven			
	Gas Deep Fryer			
	Gas Steam Table			
	Gas Grill			
	Other			
	Other			
	Other			
	Totals:			

Menu Items

Indicate your complete menu below. Offerings are limited to two items. The vendor agrees to sell only approved items. Prices of the offered items may not exceed the charge at your place of business.

Description of Item	Serving size (oz. or pcs.)	Price of serving

Restaurant Name: _____

Contact Person: _____ Phone # _____