

# ***Celebrate Wallingford*** ***2011***

***Wallingford Center Inc.***  
***Production***

**Saturday ~ October 1 ~ 11am to 7pm**

**Sunday ~ October 2 ~ 12pm to 6pm**

**Taste of Wallingford**  
**Information & Application**



***Taste of Celebrate Wallingford***  
***A production of Wallingford Center Inc,***  
***October 1 & October 2, 2011***

**CRITERIA FOR PARTICIPATION:**

***RULES AND REGULATIONS:*** *Participants agree to adhere to rules and regulations of the “Taste of Celebrate Wallingford” 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**. The Wallingford Health Department will issue a **Temporary Food Service Permit** in order to participate. 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 \$300,000.00 for personal injury to any one person, \$300,000.00 for personal injury as the consequence of any occurrence and \$300,00.00 for injury to property.*

*A certificate of insurance is required of all participants.*

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

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

Temporary Food Service Permit applications must be completed correctly and handed in with the Celebrate application – You will receive your acceptance after the Health department has reviewed your permit application. **The Wallingford Health Department and Office of the Fire Marshall inspect the grounds before opening on Saturday – October 1 and reserve the right to keep you from participating in the event if violations are found.**

**IDENTITY:** Participants will be identified in the food area 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 in the Food Area – 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.**

**GAS:** Anyone planning on using gas for their food preparation must make arrangements with **Gas Works** ahead of time or call the **Fire**

**Marshall's Office** with any questions. Gas tanks that do not fit into the specifications of the Fire Marshall's office will **not be permitted.**

**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. Public Works will take care of those containers and the recycling containers.

**SECURITY:** Continuous security will be provided by the **Celebrate Wallingford** committee beginning Saturday, October 1st through Sunday, October 2nd. Security will be on the event 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 **Celebrate** committee. Every effort will be made to accommodate specific site requests (according to power usage).

# **TASTE OF CELEBRATE WALLINGFORD**

*A Production of Wallingford Center, Inc.*

**October 1 ~ 11am to 7 pm**

**October 2 ~ 12pm to 6pm**

## ***Vendor Application***

***IMPORTANT:*** *This application and appropriate booth **fee** must be received no later than **August 20, 2011**, to reserve a booth. Applications are accepted on a first come, first served basis – **Certificate of Insurance and Wallingford Health Forms** must accompany this application. Make checks payable to: **Wallingford Center, Inc., 261 Center Street, Wallingford, CT 06492.** (\*Note: there will be a **\$25.00 fee for any returned checks.**)*

***\*Carole Golitko – the Celebrate Food Chairperson will be contacting you to set up an appointment at which she will review your application with you – we require that you have everything ready for her when she comes – application, certificate of insurance, health forms and event fee – this way Carole can answer any questions you may have and it will eliminate last minute scrambling to get forms completed and handed in.***

***VENDOR NAME:*** \_\_\_\_\_

***CONTACT  
PERSON:*** \_\_\_\_\_

***ADDRESS*** \_\_\_\_\_

***OWNER'S NAME*** \_\_\_\_\_

***PHONE#:*** \_\_\_\_\_ ***FAX#*** \_\_\_\_\_

***E-MAIL:*** \_\_\_\_\_

***ENTRY FEE: \$475***

***AMOUNT ENCLOSED*** \_\_\_\_\_

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

\_\_\_\_\_  
***Signature of Vendor & Title***

\_\_\_\_\_  
***Date***

**CERTIFICATE OF INSURANCE, HEALTH FORMS AND FEE  
MUST ACCOMPANY APPLICATION ~ NO EXCEPTIONS.**

***Return to Wallingford Center Inc., 261 Center Street ~  
Wallingford, CT 06492***

***Any questions please call: 203-284-1807***

***Or e-mail: [lizlandow@wallingfordcenterinc.com](mailto:lizlandow@wallingfordcenterinc.com)***

# **TASTE OF CELEBRATE WALLINGFORD**

**October 1st and 2nd, 2011**

**For further info: 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 to properly list your electrical requirements, as your equipment will not work properly and you may be subject to closure by the Health Department or Fire Marshall. No overload will be permitted. Please list all appliances to be used in your booth. Vendors are responsible for obtaining listed items.*

<b><u>Description</u></b>	<b><u>Amps</u></b>	<b><u>Watts</u></b>	<b><u>BTU'S</u></b>	<b><u># of Units</u></b>
<b><u>Fryer</u></b>				
<b><u>Steam Lamp</u></b>				
<b><u>Heat Lamp</u></b>				
<b><u>Cooler</u></b>	<b>9 amps</b>			
<b><u>Freezer</u></b>				
<b><u>Gas Oven</u></b>				
<b><u>Gas Deep Fryer</u></b>				



***Restaurant Name:*** \_\_\_\_\_

***Contact Name:*** \_\_\_\_\_ ***Phone#*** \_\_\_\_\_