

Newberry Juneteenth: Celebrate Freedom Saturday, June 17, 2023 –10:00AM-4:00 PM
Food Court Information & Application

QUALIFICATIONS:

- All Newberry Juneteenth food court booth spaces will be charged \$125.00. Those interested should complete the application, and bring the \$125.00 to PRT.
- Food Vendor Booths are only available to the following organizations:
- **Businesses that are based in or have a direct connection to Newberry County, whether by service or affiliation.**
- Vendors should provide a menu and an adequate description of their product.
- The event reserves the right to reject applications that do not meet the values or standards of the event. Our goal is to provide a quality experience for the vendor and patrons. Rejected applications will be returned with payment.

BOOTH SPACES:

- **Only 12 food vendor spaces are available on a first-come first-served basis after invitation.**
- **Booth Spaces are 10x20 foot spaces. VENDORS MAY NOT EXCEED THESE BOUNDARIES however exceptions may be made for food trucks depending on space available- contact event organizer for details. Boundaries will be marked for your convenience.**
- Food Court Vendor Spaces are located on the streets surrounding Community Hall (Main, Caldwell, Boyce, and McKibben).
- **All vendors should supply their own booth tents, TABLES, and CHAIRS.**

**If frying, fryers must be secured and level, within the cooking space provided, to avoid tipping/spilling.
LARGE VAT FRYERS ARE PROHIBITED.*

Electricity

Each vendor will be limited to one 20-amp service with two outlet plug-ins. All outlets are of GFCI type. Please notify us if you plan to use a generator. Generator should have a sound dampener to decrease noise. Any vendors who violate the electrical policy will be excluded from future City of Newberry events.

NO BOOTH WILL BE ACCEPTED WITHOUT THE COMPLETED FORM, PAYMENT, AND DOCUMENTS ATTACHED TO THIS PAGE. BOOTH SPACES WILL NOT BE ASSIGNED UNTIL THE APPLICATION AND PAYMENT ARE RECEIVED.

Approved vendors will be mailed a welcome packet including a map with their booth location, parking pass, and vendor guidelines one month prior to the event.

Set-Up: 8:00 am-9:30 am

***Break Down: 4:00 pm-5:00 pm**

***Vendors are asked to remain open until the official breakdown period or be subject to application rejection for future City of Newberry events.**

Application must be returned by May 12 at 5 pm.

Applications are accepted until spaces are filled.

NOTICE: City of Newberry Parks, Recreation, and Tourism reserves the right to ACCEPT or REJECT any application. We also reserve the right to remove any vendor that does not follow the vendor policies established for this event (see additional document). City of Newberry, Parks, Recreation, & Tourism: (803) 321-1015

Please keep this page for your records

City of Newberry Events: General Food Vendor Information and Event Policies

THE FOLLOWING RULES, REGULATIONS, TAX, AND LICENSE INFORMATION APPLIES TO ALL FOOD VENDING AT CITY OF NEWBERRY EVENTS

RULES AND REGULATIONS

- No cooking with open flames under tents! Outdoor grilling must conform to local fire codes.
- All Food Vendors must have a fire extinguisher (minimum requirement: 10-pound A-B-C extinguisher).
- All Food Vendors are required to comply with SC DHEC Regulation 61-25, Retail Food Establishments. *
- All meats must possess USDA or state DA inspection certification.
- All Food Vendors are required to obtain and submit a copy of their **certificate of liability insurance** which must name the City of Newberry as an additional insured and as the certificate holder. In addition, the copy must indicate that coverage is for the specific event and coverage must be in effect for the dates of the event.**
- **Violations of Rules and Regulations may result in exclusion from future City of Newberry events and vendors may be asked to leave the event- no refunds!**

TAXES & LICENSE: Vendors are responsible for collecting and reporting SC sales tax as law requires. Vendors are also required to hold an SC State Business License. Although you do not have to present a copy to the event organizer, please be sure to have a copy of your license with you at the event should a SCDOR representative be present.

* You may access a copy of the SCDHEC guidelines for food service at special events at the following web link, or by visiting your local SCDHEC office for a hard copy of the information. Go to www.scdhec.gov/food and click on Regulation 61-25. Be sure to look at Chapter 9 (specifically 9-9) for event-specific information. Also, look through their fact sheets listed on www.scdhec.gov/food for great food safety information.

A sample certificate of insurance and the amounts of coverage you need are on the sample.

**** Your insurance provider MUST send this information to us on your behalf. WE CAN NOT ACCEPT YOUR COI FROM YOU DIRECTLY.** Please have your insurance provider email them at bcarey@cityofnewberry.com, or send by mail to the City of Newberry Juneteenth, PO BOX 538, Newberry, SC 29108 NO LATER THAN ONE MONTH PRIOR TO THE EVENT.

I agree to release the City of Newberry and affiliates of this program from liability resulting from illnesses such as communicable diseases including COVID-19. Furthermore, I agree that I or anyone assisting me will not participate in the community special event if that person is sick. I further understand and agree that spectators and participants assume a known risk when deciding to attend or participate in a community special event. I agree that I have been advised to follow CDC and SCDHEC Guidelines and to practice personal discipline in taking precautions against the transmission of communicable diseases.

Please keep this page for your records.

Food Court Information & Application

NO BOOTH WILL BE ACCEPTED WITHOUT THE COMPLETED FORM, PAYMENT, and DOCUMENTS ATTACHED TO THIS PAGE. BOOTH SPACES WILL NOT BE ASSIGNED UNTIL APPLICATION IS RECEIVED.

Business/Booth Name: _____

Contact Name: _____

Mailing Address: _____ PO Box: _____

City: _____ State: _____ Zip: _____

Telephone: (H) _____ (W) _____ (M) _____

Primary Email: _____

Website: _____

Description of Product: _____

(Please don't forget to attach an example of your menu)

- CHECK IF YES:** Fryer Generator Food truck
- I have read and understand to follow the SCDHEC Guidelines
- Copy of Certificate of Liability Insurance will be sent no less than 1 month prior to the event by my insurance provider.**
- I have attached my menu.

<p>FOOD COURT Booth Space</p> <p><u>I understand that Tents ARE NOT provided for food vendor spaces and that I am REQUIRED to bring my own 10x10 tent plus 40lbs of weights to keep said tent in place should there be winds or other inclement weather.</u></p> <p>INITIAL HERE: _____</p>	FOR OFFICE USE ONLY:	
	DATE RECEIVED: _____	APPROVED: _____ DENIED: _____
	DATE NOTIFIED: _____	
	COI RECEIVED: _____	

(FOR OFFICE USE ONLY: DATE RECEIVED: _____ CASH _____ CREDIT _____ CHECK _____)

General Release

The undersigned does hereby release, acquit, and forever discharge the City of Newberry, its agents, its representatives, its employees, or contracted staff, of and from all manner of actions, suits, damages, claims or demands whatsoever in law or equity from any loss or damage of any nature of description, known or unknown, in any way relating to the undersigned participation in the Newberry Juneteenth event. I acknowledge that I have read all event policies and agree to adhere to them.

➔ Signature _____ Date _____

➔ Please print name clearly _____

City of Newberry Parks, Recreation, and Tourism: (803) 321-1015
Please mail the application to:
City of Newberry- Juneteenth, P.O. Box 538, Newberry, SC 29108
OR Email: bcarey@cityofnewberry.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/16/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.


IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <h2>Your insurance company</h2>	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ ADDRESS: _____													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A :		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A :														
INSURER B :														
INSURER C :														
INSURER D :														
INSURER E :														
INSURER F :														
INSURED <h2>Your business</h2> <h3>Name and address</h3>														

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS \$					EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, ma / be attached if more space is required)

CERTIFICATE HOLDER City of Newberry PO Box 538 Newberry SC 29108	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	---