



# Fairport Canal Days 2010

June 5 – 6, 2010

*Sponsored by the Fairport-Perinton Merchants Association Inc.*

## Food Vendor Requirements

### **Festival Dates**

Fairport Canal Days will be held June 5 –6, 2010 rain or shine in the Village of Fairport. Show hours are 10 a.m. to 6 p.m. on Saturday and 10 a.m. to 5 p.m. on Sunday. All exhibit setup must be completed by 9 a.m. on Saturday and must be removed by 7 p.m. on Sunday. Main Street will be close to vehicular traffic at 9 a.m.

### **Spaces**

All spaces are 12' x 20' located along the street or in parking lots. You may not sell or trade your space, in part or in whole, to another vendor. ***Water is not available at any location.*** You are responsible for ensuring a clean area around your designated space. If you generate grease or oil during your food preparation, all residues must be completely cleaned at the conclusion of the show.

### **Fees**

A fee of \$750.00 for each 12' x 20' space must be submitted with your application. The fee is for Saturday and Sunday only. Make checks payable to **FPMA Inc.** **Applications received after March 1<sup>st</sup>, 2010 must include a \$50 late fee check.**

### **Health Department Certification**

All food vendors must comply with the requirements established by the Monroe County Health Department. If your menu includes potentially hazardous food such as hamburgers, chicken or beef you must have at least one certified food worker at your site during all food preparation, cooking and service. If you serve non-hazardous food, you are not required to have a certified food worker. ***However, you must still obtain a permit to operate.*** Monroe County Health Department inspectors will be inspecting all food booths during Fairport Canal Days. If you have questions regarding food worker certification or Health Department requirements, contact Mary Bishoff at the Monroe County Health Department (585-274-6869).

### **Sales Tax**

Each food vendor is responsible for collecting New York State and Monroe County sales tax (8.00%). A copy of your Certificate of Authority must be displayed in your booth. Failure to do so may result in your removal from the show. If you do not already have a Certificate of Authority, call the New York State Department of Taxation and Finance at 1-800-462-8100 from within New York State (*from out of state the number is (518) 438-1073*).

### **Application Process**

Complete and return the application along with your \$750 check per space requested and an insurance certificate (see below). When completing the application, **be very specific about your electrical requirements.** If you need more space than the application provides, please attach an additional page.

***New vendors or vendors who participated in Canal Days prior to 2002 must also submit a booth photograph. The application deadline is March 1, 2010. All applications must be postmarked on or before that date.*** Acceptance letters will be mailed on or before May 1, 2010. The acceptance letter will provide further instructions about parking, space assignments and set-up times. No refunds will be issued after May 1<sup>st</sup>.

**Mail your completed application to Fairport Canal Days, Wayne Beckwith, 103 N. Main St., Fairport, NY 14450.**

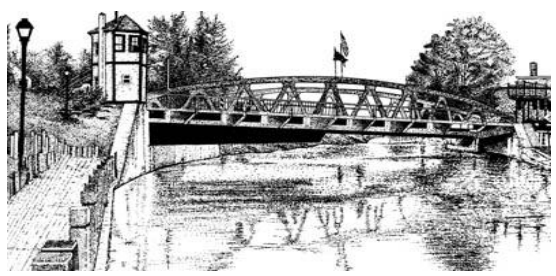
### **Insurance**

***A certificate of insurance showing General Liability (including product liability) in the amount of one million dollars must be included with your application.*** The Fairport-Perinton Merchants Association Inc. 6 N. Main St., Fairport, NY 14450 and the Village of Fairport, 31 South Main St. Fairport, NY 14450, must be listed as additional insured on your policy.

# Fairport Canal Days 2010

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## Food Vendor Application

*Please type or print legibly:*

Your Name \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

Business Name \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_

NYS Tax ID# (Certificate of Authority):

Describe all products you wish to sell: \_\_\_\_\_

<u>Electrical Requirements:</u>	<u>Device Type</u>	<u>Voltage</u>	<u>Amperage</u>	<u>Wattage</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### List any additional devices and requirements separately on back.

Number of Spaces Requested (\$750 per space):  One  Two

*As a food vendor, I agree to the conditions and requirements of the show. I agree that the Village of Fairport, the Fairport-Perinton Merchants Association Inc. and individual merchants or individual volunteers will not be held responsible for any theft, loss of property or personal injury suffered during or as a result of participation in Fairport Canal Days.*

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

**Applications must be postmarked no later than March 1, 2010. New vendors or vendors who participated in Canal Days prior to 2002 must also submit a booth photograph. Applicants will be notified of acceptance/non-acceptance by May 1, 2010. Include a check for \$750 for each 12' by 20' space requested. Make checks payable to FPMA Inc.**

**Mail your completed application, insurance certificate, photo (if required) and check to:**

**Fairport Canal Days**  
**Wayne Beckwith**  
**103 N. Main St.**  
**Fairport, NY 14450**



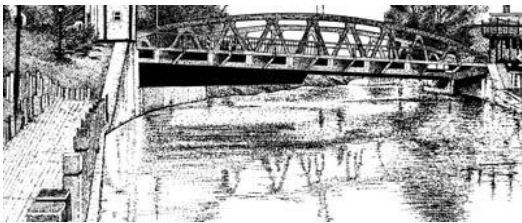
Fairport Canal Days Food Vendor Application  
c/o Wayne Beckwith  
103 N. Main St.  
Fairport, NY 14450

<http://www.fairportcanaldays.com>  
email: [info@fairportcanaldays.com](mailto:info@fairportcanaldays.com)

## Fairport Canal Days

2010

Food Application Enclosed



## *33<sup>rd</sup> Annual* Fairport Canal Days

**June 5 – 6, 2010**  
**Fairport, New York**

### Application Checklist

Have you enclosed your...

- Completed, signed application form?
- Your electrical needs?
- Check for \$750 application fee?
- Photo of booth if new vendor (or haven't participated in Fairport Canal Days since 2002 or prior)?
- Insurance certificate?



**MONROE COUNTY HEALTH DEPARTMENT**  
**FOOD PROTECTION - ROOM 1020/111 Westfall Road**  
 P.O. Box 92832  
 Rochester, New York 14692 (585) 753-5553

GAZ.No. \_\_\_\_\_  
 REC.No. \_\_\_\_\_  
 CK. No. \$ \_\_\_\_\_  
 Dated: \_\_\_\_\_

**2010 APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT**

In accordance with subpart 14-2 of the New York Sanitary Code

*This application must be submitted and approved at least 10 days prior to the event. The fee is per booth per event. The fee must accompany this application payable by cash, check or money order to the Monroe County Health Department. Please note that a \$18.00 late fee will be applied after the above specified time limit. Complete one form per event per booth. (Fee waiver forms are available for charitable, non-profit organizations. The required forms must be submitted & approved by this office prior to the event. (Those who are already on our Waiver List DO NOT NEED to apply again). LOW RISK-FEE IS \$55.00 PER BOOTH PER EVENT (1-14 days)*

FEE: \$55.00 (1 DAY EVENT) \$85.00 (2-3 DAY EVENT) \$115.00 (4-14 DAY EVENT) LATE FEE: \$18.00

Note: Certificates for Worker's Compensation and Disability must be provided or permit to operate will not be issued. If your operation is exempt from Worker's Compensation and Disability requirements, Form CE-200- Certificate of Attestation of Exemption must be provided - See Section 4 on next page.

**1. EVENT INFORMATION**

\_\_\_\_\_ date from: / / to: / /  
 Title of event/festival

\_\_\_\_\_ city/ town serving  
 Festival location (street address)

\_\_\_\_\_ date and time  
 Name of food booth

**2. OPERATOR'S INFORMATION (please print)**

\_\_\_\_\_ phone no.  
 Name of Organization, Company, person, etc. responsible for booth operation

\_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_  
 Address

\_\_\_\_\_ Cert. No. \_\_\_\_\_ exp. date: / /  
 \_\_\_\_\_

*CERTIFIED FOOD WORKER NAME (if applicable) - You MUST include a copy of your current Certificate/Card*

**3. FOOD INFORMATION (HOME PREPARED FOODS ARE NOT ALLOWED)**

Hot foods: \_\_\_\_\_

Cold foods: \_\_\_\_\_

Beverages: \_\_\_\_\_ prepackaged/bottled: \_\_\_\_\_ drink mixes: \_\_\_\_\_ ice: \_\_\_\_\_

Where are the foods/beverages to be prepared: on site? \_\_\_\_\_ If not, name of approved facility: \_\_\_\_\_

What type of equipment will be used for transportation of:

Hot foods: \_\_\_\_\_

Cold foods: \_\_\_\_\_

# WORKER'S COMPENSATION AND DISABILITY INSURANCE INFORMATION

*(Proof of insurance is required prior to permit issuance)*

Name of Company \_\_\_\_\_ Worker's Comp. No. \_\_\_\_\_ Disability Number \_\_\_\_\_

## Workers' Compensation: Check and Submit Certificate with Application

Form C-105.2 - Certificate of Worker's Compensation Insurance (issued by the applicant's insurance carrier); OR

Form U-26.3 - Certificate of Workers' Compensation Insurance (issued by the State Insurance Fund);  
OR

Form SI-12 - Certificate of Workers' Compensation Self-Insurance, OR

GSI - 105.2 - Certificate of Participation in Workers' Compensation Group Self-Insurance

**AND**

## Disability Benefits: Check and Submit Certificate with Application

DB-120.1 - Certificate of Disability Benefits (issued by the applicant's insurance carrier); OR

Form DB-155 - Certificate of Disability Benefits Self-Insurance

## When WC/DB coverage **IS NOT** provided Check and Submit Certificate with Application

Form CE-200 - Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage (Must be submitted with Application if WC/DB coverage is Not provided)

Note: Applicants will be able to fill out the CE-200 (12108) online at the Worker's Compensation Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us) and

print a copy for submission to the Department of Public Health. Computers with internet access are available for CE-200 electronic application processing at Customer Service Centers located in Worker's Compensation Board District offices. A local District Office is located at

130 West Main Street, Rochester, NY 14614. The toll free number for the office is 1-866-211-0644.

*The undersigned applicant has received, read, understands and agrees to operate the temporary food service establishment in complete compliance with subpart 14-2 of the New York Sanitary Code.*

Signed \_\_\_\_\_ Date of Application \_\_\_\_\_  
(Must be signed by operator)

Print Name \_\_\_\_\_

THIS IS NOT A PERMIT TO OPERATE! ... a temporary food service establishment shall obtain and display a valid permit from an issuing official of the Monroe County Health Department (14-2.2). Permits will be issued after a satisfactory inspection. Failure to obtain a permit is cause for immediate closure (14-2.17).