

# December 3<sup>rd</sup>

### Main Street Newtown, CT

### OUTDOOR HOLIDAY MARKET VENDOR APPLICATION & CONTRACT

### ARTS CRAFTS FOOD

### Application Deadline: November 10<sup>th</sup> or when space is filled

Business Name:	CT Sales Tax ID:
Contact Name:	Phone: Email:
	Website and/or
Address:	Social Media:
Description of Items to be Sold: (Inc	clude price ranges)
Booth Selection:	
Cost: \$75.00 per 10'x10' space	1 <sup>st</sup> Choice: 2 <sup>nd</sup> Choice:
Size: Aprox. 10'x10'	Refer to the attached floorplans and maps and list
# of spaces x \$75.00 = \$	the booth number in the space above.
Payment: (payment must be submitted	d with application)
Check: Make payable to <i>Newtown Y</i>	
- ·	Γ 06482 Attn: Susan Smith/Holiday Festival
Credit Card Card #:	Exp. Date:
CVV: Billing Zip Cod	de: Name on card:
2 ,	ney represent agree to abide by the terms and conditions and by
rules and regulations included in this	document.
Applicant Signature	Date





### 38th Annual Holiday Festival

### Main Street, Newtown, CT Sunday, December 3, 2023

Questions? Contact Susan Smith, SSmith@newtownyouthandfamilyservices.org, 203-270-4335

## HOLIDAY MARKET VENDOR APPLICATION & CONTRACT ARTS CRAFTS FOOD

#### **General Information / Rules, Terms & Conditions**

#### GENERAL RELEASE AND ACCEPTANCE OF RULES

I have read the event rules, terms and conditions and I agree to abide by said rules. I, the applicant, release the organizer, Newtown Youth & Family Services from any and all liability for any damage, injury or loss to any person or goods which may arise from participation in the event. My signature indicates that I make this application in good faith and am ready, willing and able to participate in the event. I understand that written notification of acceptance into the event implies a contract with all duties and obligations incumbent therein. If this application is accepted, I give permission to use my name, images submitted and any photographs or videotape taken at the event of me or my items for advertising and publicity purposes.

#### **ELIGIBILITY AND SELECTION**

Incomplete and/or unsigned applications will not be processed. Exhibitors must display only their own original work, not that made by others. Exhibitors are expected to attend the event in person. Secondary representation of work will not be acceptable unless otherwise approved by NYFS. Newtown Youth & Family Services will review applications and approve exhibitors for the event. Work will be evaluated on the basis of design, craftsmanship, originality, presentation, and sales potential. Preference will be given to exhibitors with handmade, artisan work that is locally made. Preference will not be given to commercial products, buy-sell items, imported items, or items made from commercially available kits, plans, or patterns. If accepted, you will receive a confirmation through email or phone. Exhibitors misrepresenting their craft, exhibiting items not approved for exhibit, or not complying with the rules and regulations will be asked to leave the event premises and will forfeit the space fee.

#### **PAYMENT**

Payment of space fee must be made in full at the time of application. Applications will not be accepted without payment. Please pay by card or send a check to NYFS at 15 Berkshire Road Sandy Hook, CT 06482 Attn: Susan Smith/Holiday Festival. Your payment will be processed on Wednesday, November 29, 2023 once the inclement weather decision has been made.

#### **CANCELLATION**

Cancellations made more than thirty days prior to the Festival will allow the exhibitor to receive back the space fee less a 25% (twenty five percent) processing fee. Cancellations made thirty days or less prior to the Festival will result in the forfeiture of the exhibitor's space fee. Cancellations must be in writing. Nonappearance at the festival without written cancellation will result in the forfeiture of the exhibitor's space fee.

#### LIABILITY & INSURANCE

Newtown Youth & Family Services assumes no responsibility for damage, theft or loss of exhibitor work, personal property or display. Exhibitor shall indemnify, defend and save harmless Newtown Youth & Family Services from all suits, claims, injury or damage or losses of any nature.

#### TEMPORARY FOOD PERMIT

Exhibitors selling edible food items (i.e., candy, baked goods, oils, sauces, spices, etc.) must seek approval from the Newtown Health Department. The Health Dept. will be on site at the festival to do inspections. It is important that you have your temporary food permit visible on the day of the festival. Food vendors should complete the attached temporary food service license application, include a \$50 check payable to Newtown Health Department, and return to NYFS along with the vendor application. If needed, please contact the Newtown Health Dept. on their website or by phone at (203) 270-4291.

#### **BOOTH SPACE**

All booths are approximately 10' x 10'. All booths will be on planting strips i.e., the grassy area between the sidewalk and the street. Trees and street signs will prohibit trailers and vehicles from maneuvering. Tents, tables and chairs are not included. Booths and display units must fit within the space parameters. It is the responsibility of exhibitors to provide any and all necessary equipment.

#### **SET-UP**

Sunday, December 3, 2023 from 8:00 am - 10:30 am. The event starts at 11:00 am and ends at 4:00 pm.

Tents, tables & chairs are not included. It is the responsibility of exhibitors to provide their own equipment.

#### **BREAKDOWN**

Sunday, December 3, 2023 from 4:00 pm - 6:00 pm. Breakdown cannot begin any earlier than 4:00pm.

Exhibitors are responsible for cleaning up their area. At the end of breakdown, the booth space must be left free of rubbish, packing, display materials, etc.

#### **INCLEMENT WEATHER**

The Holiday Market is outdoors and will be held rain or shine. In the event of predicted extreme weather, you will be notified on Wednesday, November 29, 2023 that the Holiday Market will be canceled. In the case of cancellation, all space fees will be returned. If extreme weather is not predicted on that day, payments will then be processed.

Proudly serving the towns of Bridgewater, Newtown and Roxbury



3 Primrose Street Newtown, CT 06470 P: (203)270-4291

www.newtown-ct.gov/health-district

### NEWTOWN DISTRICT DEPARTMENT OF HEALTH TEMPORARY FOOD SERVICE LICENSE APPLICATION

FEE: \$50.00 per event

All vendors serving food and/or beverages to the public at temporary events are required to have a temporary food service license. Non-profit vendors that are tax exempt are not required to pay the application fee. To determine if your organization meets the criteria as a non-profit vendor please contact the Health District.

- > Applications are REQUIRED 14 DAYS PRIOR TO EVENT to allow for adequate review
  - > Please fill out the application completely and attach any necessary documents.

NAME OF EVENT:	·
EVENT DATE(s) / TIME(s):	
LOCATION OF EVENT:	
BUSINESS/ ORGANIZATION NAME:	
BUSINESS / ORGANIZATION MAILING ADDRESS:	
APPLICANT NAME:	PHONE:
EMAIL:	
1. List all food items to be offered at the event (attach n	nenu if available).
Food & Beverage Menu Items	Product Purchased at:
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
When will food be purchased?	
3. Where will food be stored prior to event?	
Describe how you will monitor food temperatures:	
4. Describe now you will morntor food temperatures.	

<ul><li>5. Where will food be prepared? Cirlce one:</li><li>*Food items provided by another licensed food estatement</li></ul>	On- Site Kitchen Licensed Food Establishment ablishment not licensed by Newtown Health District, must provide a
copy of their current food service license.  6. Describe how foods will be kept cold on-site	e and in transport (below 41 degrees F):
7. Describe how foods will be kept hot on-site	and in transport (above 135 degrees F):
8. If offering hot foods, describe cooking proce	edures:
9a. Hand Washing Set Up:  Temporary Set up  Commercial Portable Hand Sink  Available inside facility	9b. Hand Washing Accessories:  Hot / Cold Water, Soap, Papertowels  Waste Receptacle  Other:
11. Sanitizer: Circle one: Chlorine (Bleach)	- or- Quaternary (Test Strips must be available on-site)
Type of Water Supply: Private Well, m  **Food booth operators must keep on file a list  The undersigned agrees to abide by all Sta food and beverages with the understanding result in revocation or the suspension of yo	
Food Service License - if	f not licensed with Newtown Health District fanager (Qualified Food Operaor) Certificate
Applicant Signature:	Date:
*************	
Health District Use Only: Fee Paid:	Check #: Cash:
Comments:	•
Application Approved By:	Date:

