



# RAMONA CHRISTMAS TREE LIGHTING

## 2024 FOOD VENDOR APPLICATION

**PLEASE READ THIS APPLICATION CAREFULLY BEFORE SUBMITTING.**

<b>DATES:</b>	<b>Saturday December 7, 2024</b>
<b>HOURS OF OPERATION:</b>	<b>5pm to 9pm</b>
<b>VENUE LOCATION:</b>	645 Main St Ramona CA 92065

Please review the vendor guidelines and instructions carefully. This application is neither an offer nor a guarantee of space, if the application is approved and accepted it is then a signed agreement between both parties and a confirmation will be sent. If you have any questions, please call, or email the Ramona Chamber of Commerce at (760) 789-1311 or via email: [ccstaff@ramonachamber.com](mailto:ccstaff@ramonachamber.com). **Incomplete applications will not be accepted or returned.**

### **INSTRUCTIONS FOR COMPLETING THIS APPLICATION:**

1. All questions on the form must be answered completely to include initials where applicable. This is a representation of your business for the selection process.
2. Submit both the Vendor Guidelines and 2024 Food Vendor Application.
3. **Submit a list of menu items with prices for each stand, including drink sizes.** Be specific; if a vendor space is issued, it will be assigned based on the menu items listed only. Items not listed are subject to re-evaluation and risk being asked to be removed by the vendor manager.
4. Submit a valid copy of the **CURRENT California Seller's Permit, San Diego County Food Handler's (ServSafe) Certificate and Temporary Food Facilities (TFF) Permit** from the County of San Diego Department of Environmental Health Food and Housing Division. **To obtain a TFF permit, contact County of San Diego Department of Environmental Health and Food at (858) 505-6900.**  
**\*IF YOU DON'T HAVE A TFF PERMIT ON FILE WITH THE SAN DIEGO COUNTY, YOU WILL NOT BE ABLE TO HAVE A BOOTH! \***
5. Vendors must include a **Certificate of Insurance with Additional Insured Wording** (see **Insurance Requirements for specific details**). *If you don't have general liability insurance.....*
6. Make sure you sign and initial **ALL AREAS** on the application where indicated.
7. If a vendor is accepted, the vendor manager will determine the location of your booth. Locations are subject to change year to year.

**VENDOR RATES and FEES:**

There are **NO REFUNDS**. All vendor fees must be paid in full by Friday November, 29th.

VENDOR RATES and FEES	MEMBER RATE <i>Ramona Chamber of Commerce</i>	NON-MEMBER RATE
10' x 20' Space	\$125.00	\$150.00
NON-PROFIT Only - 10' x 10' Space	\$75.00	\$100.00
<p><b>*NOTE: This event is held outdoors with little to no lighting in some areas and will operate rain or shine so we ask all vendors to be prepared. Vendors need to bring their own CANOPIES, CHAIRS, EXTENSION CORDS, LIGHTING, TABLES, TENTS, ETC., these items will NOT be provided. Power is not guaranteed.</b></p>		

**PAYMENT OPTIONS:**

- To make a payment via check, please make payable to **Ramona Chamber of Commerce** and reference Ramona Christmas Tree Lighting 2024 Vendor Fee in memo line. All returned checks for NSF (non-sufficient funds) will be charged an additional fee of \$25.00.
- All applications are due by Friday, November 7th, 2024
- To make a payment over the phone, call the Ramona Chamber of Commerce office at (760) 789-1311.

**APPLICATION SUBMISSION:**

Please mail completed applications including the required documentation as requested in this application along with payment to: **Ramona Chamber of Commerce 1306 Main St., Ste. 103 Ramona, CA 92065.**

Applications can also be emailed to [rccstaff@ramonachamber.com](mailto:rccstaff@ramonachamber.com). To confirm your application has been received contact the office at (760) 789-1311.

**INSURANCE REQUIREMENTS**

The Vendor shall obtain and maintain, for the duration of this Agreement, the minimum insurance coverage set forth below. All coverage shall be written on an occurrence basis. All coverage shall be underwritten by companies authorized to do business in the State of California and currently rated A- or better or otherwise acceptable to the Ramona Chamber of Commerce. By requiring such minimum insurance, the Ramona Chamber of Commerce shall not be deemed or construed to have assessed the risk that may be applicable to the Vendor under this Agreement. The Vendor shall assess its own risks and if it deems appropriate and/or prudent, maintain higher limits and/or broader coverage. The Vendor is not relieved of any liability or other obligations assumed pursuant to this Agreement due to its failure to obtain or maintain insurance in sufficient amounts, duration, or types. The Vendor shall provide proof of insurance mandated under this Agreement at least 48 hours prior to the commencement of the event which is the subject of this Agreement. **The Commercial General Liability Policy shall name the Ramona Chamber of Commerce and the Ramona Chamber of Commerce Board of Directors as additional insured along with Ramona Outdoor Community Center, Ramona Municipal Water District, and the Ramona Parks and Recreation Association.**

Coverage	Limit
A. Worker’s Compensation	Statutory
B. Employers Liability	\$500,000 each accident
C. Commercial General Liability	
Aggregate Limit	\$1,000,000
Each Occurrence Limit	\$500,000

**CHECK ONE:**

- Ramona Chamber Member Rate: Food Vendor       Non-Member Rate: Food Vendor  
 Ramona Chamber Member Rate: NON-PROFIT Vendor       Non-Member Rate: NON-PROFIT Vendor

**Please fill in the information below clearly and legible in ink.**

**BUSINESS/COMPANY/NON-PROFIT INFORMATION:**

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

FOOD HANDLERS #: \_\_\_\_\_

CA SELLERS PERMIT # (attach copy to application): \_\_\_\_\_

FEDERAL TAX I.D. # (EIN): \_\_\_\_\_

NON-PROFIT STATE ID #: \_\_\_\_\_

**POINT OF CONTACT:**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**MENU**

**Submit a typed or printed list of ALL proposed menu items.** The list must include sizes, descriptions, and prices for each item you are requesting to sell. Approved menu(s) will be part of your contract if you are accepted. Please be specific.

**Certification of Applicant**

I have read and understand the instructions and any additional information attached. I understand that is form is an application for space only, and is neither a commitment by the applicant, nor an offer by the Ramona Country Fair to rent space. I certify that all information provided on this application is true and accurate to the best of my knowledge.

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_