



SIMI VALLEY DAYS
FOOD MERCHANT APPLICATION

Thank you for your interest in Simi Valley Days! Every September thousands of Simi Valley residents attend this event to celebrate our great city. This year's event will run from Thursday September 14th until Sunday September 17th, 2017.

To become a part of this event please complete all the information on the following pages and return it to the Simi Valley Days Foundation for processing. We also have Official Banners and openings for event sponsors, if you are interested in either of these please contact us at the email addresses below

APPLICATION CHECKLIST

- _____ COMPLETED & SIGNED APPLICATION
- _____ COMPLETED VENTURA COUNTY APPLICATION AND FEE PAYABLE TO "VCEHD"
- _____ COMPLETED & SIGNED HOLD HARMLESS
- _____ PROOF OF INSURANCE
- _____ FOOD MERCHANT FEE AND OR CREDIT CARD FORM
- _____ SIGNED / INITIAL MERCHANT RULES
- _____ CALIFORNIA SELLERS PERMIT
- _____ CITY OF SIMI VALLEY BUSINESS TAX RECEIPT
- _____ SECURITY DEPOSIT (Check only, to be returned after post event inspection)

CONTACT INFORMATION

ADDRESS: SIMI VALLEY DAYS FOUNDATION
ATTN: FOOD MERCHANTS
P.O. BOX 9
SIMI VALLEY, CA 93062

PHONE: 805.582.2223 GENERAL INFO LINE
818.400.6535 ED RESHEW - CHAIRMAN

EMAIL: EReshew@ECMultimedia.com

WEB: www.svdays.com

<<<< DEADLINE AUGUST 12, 2017 >>>>

THIS COMPLETE APPLICATION, ALL INSURANCE DOCUMENTS AND ALL PAYMENTS MUST BE COMPLETED AND PROCESSED BY THE DEADLINE IN ORDER TO PARTICIPATE.

SIMI VALLEY FOOD MERCHANT APPLICATION / RULES

Not all Food Merchants can be accepted to this event. Our organizers will do their best to allow as many to participate as possible while striving to provide a wide range of food products without unnecessary product duplication to our patrons.

ORGANIZATION / BUSINESS INFORMATION				
ORGANIZATION NAME				
ORGANIZATION ADDRESS				
PRIMARY CONTACT		PHONE		CELL
EMAIL ADDRESS				
SECONDARY CONTACT		PHONE		CELL
EMAIL ADDRESS				
FOOD ITEMS TO BE SERVED				
IF MORE SPACE IS NEEDED PLEASE ATTACH YOU MENU TO THIS APPLICATION				

FOOD MERCHANT FEE CHART

ONE 12' X 10' SPACE \$475.00 EACH (4 DAYS)

SECURITY DEPOSIT (SEPARATE CHECK) \$100.00 TOTAL

PLEASE INITIAL ON EACH LINE

Non Profit organizations must include proof of your tax exempt status with you application

_____ Electrical service will include a single 110volt / 20amp circuit for each vendor at no additional charge. 220 volt / 50 amp single phase service can be made available for an additional charge.

_____ Food Merchants will be responsible for providing their own Tent / EZ Up, table(s), chairs, extension cords, trash cans and liners, etc... Only a space and electrical access will be provided.

_____ No alcoholic beverages may be brought into the event.

_____ All vendors must remain open for business during the hours of operation.

_____ There is no foul weather guarantee. Our event will go on rain or shine and no refunds, discounts or any other offers will be available in the event of foul weather.

_____The grounds at the S.V.T.C. are not enclosed with security gates, fencing, etc..., however, the S.V.T.C. will have uniformed security personnel patrolling the merchant area during the event and after closing. You are advised to secure any supplies, materials, product, etc.. that you do not want to put at risk upon closing each night. You may leave these items within your booth covered or boxed, but it will be at your own risk. Neither the S.V.T.C. nor the Simi Valley Days Foundation accepts any responsibility for lost or stolen items. Some limited storage may be available on site. More information will be available at the check in meeting.

Parking is limited at the S.V.T.C., however the Simi Valley Days Foundation has secured special parking locations for Merchants. Details will be provided at the check in meeting.

_____If your space is in the Town Center's courtyard you will not be able to "Drive On" to set up your "Space". You will be required to move your equipment and supplies to your "Space" on your own. Please bring the proper equipment, hand carts, etc.. to load in, set up and break down your "Space".

_____All marketing materials and samples may ONLY be offered within your "Space", Food Merchants may not distribute such items outside of their "Space".

_____There is NO space sharing allowed. Each Merchant must complete their own application and occupy their own "Space". Only one Merchant per "Space".

_____A \$100.00 cleaning deposit must be accompanied with this application in the form of a "Check". This cleaning deposit will be mailed back to the Food Merchant after the event, as long as, their space was left clean, in the same condition it was provided to them and was occupied properly and according to these rules for the duration of the event.

_____ All Food Merchants will be required to check in on SATURDAY SEPTEMBER 9TH, 2017 between noon and 4pm in the Community Room at the S.V.T.C. A qualified representative is REQUIRED to attend this meeting. If you do not attend this meeting you will not be able to participate and no refunds will be provided. At this meeting our staff will perform a final check on all documentation and payments. We will also provide you with the logistical information you will need to; park, drop off, set up, pack up and operate. This will also be an opportunity to inspect your "Space", discuss any issues and ask questions. This meeting is very important to your success.

Finally, please remember that this event is produced by an all volunteer organization. We will do our best to process you application, answer your calls, emails and questions and provide as much support and help as we can.

By my signature below I agree to the Terms and Conditions of this Merchant Application. I also acknowledge that I am authorized to sign this agreement.

Signature: _____ Name: _____ Date: _____

MERCHANT INSURANCE REQUIREMENTS

The Simi Valley Days foundation will add your business / organization as "Additionally Insured" at no extra charge. Your only requirement is to provide proof of insurance along with this complete application package. That policy should include General Liability written through an insurer rated A+ (or better) by the Best's Rating Guide or a California admitted Insurer with limits of liability not less than \$1,000,000.00 per person / \$1,000,000.00 per occurrence for Bodily Injury and \$1,000,000.00 Property Damage limit or \$1,000,000.00 Combined Single Limit of Bodily Injury and Property Damage.

By my signature below I agree to comply with all the insurance requirements for the Simi Valley Days event.

Signature: _____ Name: _____ Date: _____

All Merchant's are still required to provide Worker's Compensation insurance protecting the Merchant's employees as required by the State of California.

MERCHANT INSURANCE APPLICATION

Organization: _____ Contact Name: _____

Address: _____ Phone #: _____ Cell#: _____

Simi Tax ID#: _____ Incorporated: YES / NO Number of booth(s): _____

Type of Business: _____

of Paid Employees: _____ Estimated Gross income for the event: \$ _____

Do you carry Worker's Compensation insurance: YES / NO Carrier: _____

Do you use chemicals, compressed gas or flammable substances? YES / NO

If, YES, please explain: _____

Will you have a fire extinguisher on hand during the event? YES / NO

Signature: _____ Name: _____ Date: _____

HOLD HARMLESS AGREEMENT

All Merchants / Participants agree to "Hold Harmless" the Simi Valley Days Foundation and all it's officers / agents from any and all loss or liability resulting at any time from injury to or the death of any person or persons and/or omission or yours, your agents, employees and/or patrons, or any damage to property owned in care, custody and control, or resulting from non-compliance with any law, ordinance, or regulation regarding the condition or use of your operation, and to indemnify Simi Valley Days Foundation and its officers / agents as to all costs, expenses, damages including reasonable attorney fees relating to your operation at said event.

Under no circumstances will Simi Valley Days Foundation assume liability for any vendor, exhibitor, participant or volunteer without prior written approval from the Simi Valley Days Foundation's Insurer.

By my signature below I agree to the "Hold Harmless" agreement above. I also acknowledge that I am authorized to sign this agreement.

Signature: _____ Name: _____ Date: _____