4th of July Celebration

Vendor Booth Map 2021

*Booth locations are approximate and may be subject to change as circumstances arise.

*All booths provided with power for you to use.

Booth Dimensions
Approx. 10ft. wide x 10ft. deep

If your food truck or trailer is larger, you will need to purchase an extra booth space.
VENDOR APPLICATION

(SIGN UPS BEGIN MAY 3rd @ 9AM and ENDS JUNE 28th @ 5PM)

Sign-ups available on a first come first serve basis at St. George Leisure Services Office located at 220 North 200 East, St. George UT 84770 / Phone: 435.627.4500 Fax: 435.627.4569

INFORMATION:

- Festival Dates & Times:
  - July 3, 2021 • 7:00am till Midnight. June 30th thru July 2nd • 6:00pm till 11:00pm

Festival Sites:

- ST GEORGE’S TOWN SQUARE
  50 South Main between 100 South & Tabernacle

Exhibitor/Vendor Fees:

- $70.00 with power.
- $25.00 for each additional day. Vendor spaces subject to change based on the City of St. George’s discretion.

BUSINESS NAME: ____________________________________________

Contact Person:__________________________ Bus. Phone:________
Mailing Address:______________________________________________
Cell: __________________________ Email:________________________

Food Vendor: [ ] Retail Vendor: [ ] Information Vendor: [ ]

DESIRED MENU:

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<tr>
<th>Description in Detail</th>
<th>Portion Size</th>
<th>Price</th>
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RETAIL DESCRIPTION:
__________________________________________________________

INFORMATION DESCRIPTION:
__________________________________________________________

POWER SOURCE USED: (CIRCLE ONE) Propane Electric No Power
One 20 amp limit per vendor. We have 50 amp breakers. You may provide your own power/generator.

Signature:__________________________ Date:____________________

Return Check List: All documents below MUST be received before your application can be considered for approval:

□ Vendor Application Form completed and signed. (all vendors)
□ Signed Vendor Release Waiver and Indemnification Agreement. (all vendors)
□ Evidence of General Liability Insurance in accordance with guidelines indicated above. (all food and retail vendors)
□ Signed Application for Business License. (all food and retail vendors)
□ Copy of current Temporary Food Service Permit or Permanent Food Service Permit. (all food vendors)
□ Copy of current Food Handlers Permit. (all food vendors)
□ Make check payable to “City of St. George” reference St. George Independence Day Celebration for total amount.

* A temporary Food Service Application is attached. Please submit to Southwest Utah Health Department if you need a temporary food permit.
4TH OF JULY VENDOR CHECKLIST
MANDATORY ITEMS THAT MUST BE ATTACHED TO THE APPLICATION

☐ Vendor Application Form  (ALL VENDORS)

☐ Signed Release Waiver and Indemnification Agreement  (ALL VENDORS)

☐ Copy of the Southwest Utah Public Health Permit or Temporary Permit  (FOOD VENDOR ONLY)

☐ Copy of Food Handlers Permits  (FOOD VENDOR ONLY)

☐ Completed and Signed Application for Event Business License  (ALL FOOD & RETAIL VENDORS)

☐ Insurance Certificate MUST be VALID and include the 4th of July  (ALL FOOD & RETAIL VENDORS)

--- VENDORS JUST HANDING OUT INFORMATION ONLY ARE EXEMPT FROM PROOF OF INSURANCE ---

☐ Must Have the Matching Business Name to the Booth Name

☐ Policy Dates Must Be VALID and Include the 4th of July  (AND ALL ADDITIONAL EVENT DATES)

☐ The City of St. George Must be listed as Additional Insured with the EXACT wording of the SAMPLE

☐ The Name and Date of the Event must be in the Description of Operations

☐ The Policy Limits Must Be Correct and are Listed Below

--- MINIMUM REQUIRED INSURANCE LIMITS ---

Each Occurrence ......................... $1,000,000.00
General Aggregate ....................... $3,000,000.00
Property Damage ......................... $300,000.00
Event Guidelines and
Exhibitor/Vendor Release waiver and Indemnification Agreement

GUIDELINES:

1. Booth Equipment: Food and Non-Food Vendor/Exhibitors. All vendor/exhibitors must provide all booth materials including canopies, cooking equipment & supplies, floor coverings, grease catchers, extension cords, tables, chairs, eating utensils, serving utensils, napkins, plates, cups, sunshades, decorations, price list, signs, etc.

2. Booth Personnel: All vendor/exhibitors personnel are to be dressed in some form of uniform or costume which adds to the quality of the event, and presents an attractive addition to the event. A full description or picture must accompany the application.

3. Food Handlers Permit: REQUIRED FOR ALL FOOD VENDORS. All vendor/exhibitors shall display a copy of a current or temporary Food Service Permit on their booth.

4. Compliance with Law: All vendor/exhibitors agree to strictly observe all laws and ordinances of the State of Utah, Washington County Health Department, and the City of St. George, which in any respect relate to the business conducted by vendor/exhibitor, together with all rules and regulations. No smoking. Consumption or selling of alcoholic beverages is prohibited on City property. The City shall have the right to inspect at all reasonable times the premises occupied by vendor/exhibitor. Willful violation of or failure to comply with any of said laws or regulations shall be cause for cancellation of this agreement by the city.

5. Trash Receptacles: All vendor/exhibitors must provide plastic bags to place in trash cans near your booth. You will be responsible for cleaning your own immediate area throughout and at the end of each day and bagging your garbage. All liquid or solid waste must be disposed of properly. Do not dump into the storm drain.

6. General liability and Property Damage Insurance: All vendor/exhibitors must provide a Certificate of General Liability and Property Damage Insurance, showing that the applicant has comprehensive general liability and property damage policy that includes contractual liability coverage. The City shall be named as an additional primary insured. The minimum general liability and property damage liability shall be as follows:
   
   (a) Comprehensive general liability insurance for injuries, including accidental death, to any one person in any one occurrence in an amount not less than $1,000,000 Dollars.
   
   (b) Comprehensive general liability insurance for injuries, including accidental death, two or more persons in any one occurrence in an amount not less than $3,000,000 Dollars.
   
   (c) Broad form property damage insurance in an amount not less than $300,000 Dollars per occurrence.

7. Taxes, permits, certificates and any licenses required are the responsibility of the vendor/exhibitors. The City of St. George reserves the right to limit the number and type of exhibitors or vendors.
EXHIBITOR/VENDOR RELEASE WAIVER AND INDEMNIFICATION AGREEMENT

This Release, Waiver, and Indemnification Agreement is hereby given by ______________________ (“Indemnitor” Your name or company), on the one hand, in favor of The City of St. George, Utah, 4th of July Celebration: (hereinafter the “EVENT”);

(“indemnities”) and all other sponsors, donors, volunteers, organizers, and fundraisers.

Recitals

A. Indemnitor is an Exhibitor/Vendor at the EVENT, to be held the __3rd__ day of __July__ 2021, at properties owned, managed, controlled, or administered by the City of St. George, Utah and The City of St. George EVENT organizing committee.
B. Indemnitor recognizes the potential for risk of harm to persons and property at the City of St. George, and
C. Indemnitor desires that indemnitees not be at risk for activities of the Exhibitor/Vendor at the EVENT, including the activities of Indemnitor.

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Indemnitor covenants as follows:

Agreement

1. Indemnitor hereby releases Indemnitees and forever waives Indemnitor’s claim(s) against Indemnitees for any and all claims, causes action, damages, demands, penalties, and costs, including attorney fees that arise in relation to the EVENT.
2. Indemnitor acknowledges that this Release applies to all claims or causes of action which currently exist or which have existed or which may arise or are discovered in the future in relation to Indemnitor’s activities at the EVENT.
3. Indemnitor intends this to be a complete and total release of all claims, whether known or unknown, fixed or contingent, or whether the facts hereafter prove to be other than or different than the facts known by the Indemnitor or believed by Indemnitor, and this Release and Waiver shall be construed as broadly as the law allows to accomplish this stated intention.
4. Indemnitor represents and agrees that no legal action of any kind will be taken against Indemnitees by them in relation to the EVENT.
5. Indemnitor shall indemnify and hold Indemnitees harmless for any and all claims, demands, losses, costs, obligations, and liabilities Indemnitees may incur or suffer in direct or indirect relation to Indemnitor’s acts or omissions at the EVENT.
6. Indemnitor shall also indemnify and hold Indemnitees harmless from any and all claims, demands, losses costs, obligations and liabilities that Indemnitees may incur or suffer as a result on Indemnitor’s breach of any agreement, covenant or warranty in this agreement. Indemnitor shall further indemnify and hold Indemnitees harmless from any and all liabilities, claims, and causes of actions arising from the operation of the EVENT. The indemnity obligations of this paragraph shall include indemnity for reasonable attorney fees and court costs incurred.

This Agreement shall be governed by the laws of the State of Utah and shall be binding upon Indemnitor’s heirs, successors, agents or assigns and shall be for the benefit of (i) Indemnitees, their employees, officers, agents, affiliate, agents and assigns and (ii) all City of St. George employees, volunteers, donors, sponsors, organizers and fundraisers.

DATED this __________ day of __________, 20________

By: ____________________________

Title: ____________________________
CITY OF ST GEORGE
APPLICATION FOR SUB-LICENSE
175 EAST 200 NORTH ST GEORGE, UT 84770
435-627-4740

License Number
Business L.O
Receipt Number
Date

Please Print or Type
1. Name of Applicant ___________________________ Date ___

2. Business Name ________________________________
   If Corporation or Partnership, Give Names and Addresses of Officers of General Partners
   _________________________________________________________________

3. Name of the event ______________________________

4. Residence Address ________________________________

5. Mailing Address (if different) ____________________________

6. Home Phone __________________ Business Phone ________________

7. Applicant’s Driver’s License Number __________________________

8. Booth or Stall, if numbered ____________________________

9. Product or Service offered (If a state license is required please attach a copy)
   _______________________________________________________________

10. Name of the Sales Person (if not the applicant) ______________

11. Temporary Sales Tax Number ____________________________

License Fee Payable:

Five Day License Fee $5.00 $ ______________
Thirty Day License Fee $10.00 $ ______________
Amount of Bond, If Required $ ______________

Total $ ______________

I understand that falsifying any information on this application constitutes sufficient cause for rejection or revocation of my license. I also understand that the City License Officer may require additional information as permitted by the ordinance, and I also agree to supply the same as part of this application.

Authorized Applicant Signature ___________________________ Date ____________
# Certificate of Liability Insurance

**Certificate Holder:** Karen.Roundy@sgcity.org

**City of St George**

**Attn:** 175 E. 200 N.

**St George, UT 84770**

**Producer:**

(Your Agent’s Contact Info)

**Insured:**

(Your Business Name and Address, including DBA)

This MUST match the name on your application

**Coverages**

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<tr>
<th>TYPE OF INSURANCE</th>
<th>LIMITS</th>
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<tr>
<td><strong>A</strong></td>
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<tr>
<td><strong>Commercial General Liability</strong></td>
<td>( X )</td>
<td>( Y )</td>
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<tr>
<td><strong>B</strong></td>
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<tr>
<td><strong>Personal Auto</strong></td>
<td>( X )</td>
<td>( Y )</td>
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**Date:** 2/6/2019

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TEMPORARY FOOD SERVICE APPLICATION

Fee Schedule

Date: ____________________________

Business Name: ____________________________

(This name will appear on the license and should be the name on the booth)

Mailing Address:

☐ Use Business Owner Address

City ____________________________

State ____________________________

Zip ____________________________

E-Mail Address: ____________________________

Type of Business: ☐ Corporation  ☐ Individual  ☐ Legal Owner  ☐ Owner Operator  ☐ Partnership

Name of Business Owner: ____________________________

(NAME OF CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

Phone: ( ) ____________________________

Business Owner Address:

☐ Use Mailing Address

City ____________________________

State ____________________________

Zip ____________________________

Principal Contact Person: ____________________________

Phone: ( ) ____________________________

Type of Operation:

☐ Single event (Good for any one event not to exceed 14 consecutive days)

☐ 6 Month Seasonal Permit (valid for up to six months. Contact office for details)

Name of Event: ____________________________

Date(s) ____________________________

Location of Event: ____________________________

Phone: ( ) ____________________________

Event Host: ____________________________

City ____________________________

State ____________________________

Zip ____________________________

Will all food be prepared at the Temporary Food Service location? ☐ Yes  ☐ No

If No, give the name and address of the approved commercial kitchen where food will be prepared:

Name of Kitchen: ____________________________

Address: ____________________________

List ALL prepared food menu items to be served (include prepared drinks, desserts, salads, etc.):

Additional Menu items require health department approval!

How will food be kept COLD? ☐ Ice chests  ☐ Onsite refrigerator  ☐ Onsite freezer  ☐ Other:

How will food be kept HOT? ☐ Cooked to order  ☐ Chafing dish/ crock pot/ roaster  ☐ Other:

How will cleaning cloths be sanitized? ☐ Sanitizing wipes  ☐ Bleach water solution (use test strips)  ☐ Other:

How will hand washing facilities be provided? (Hand washing facilities MUST be located within 25 feet of food preparation areas).

How will trash be disposed of? ☐ Disposal provided by the event  ☐ Other:

How will waste water be disposed of? (Do not dump waste water on the ground or in storm sewers):

Signature of Applicant: ____________________________

Date: ____________________________

Everyone preparing food is required to have a Food Handler Permit.

Please visit www.swuhealth.org for class information.

Signature of Health Department Inspector: ____________________________

Date: ____________________________

Fees Received $ ________

Initials ____________________________

Approved: ☐ Rejected: ☐

Category T1 T2 T3 S1 S2 S3

FOR OFFICE USE ONLY

www.swuhealth.org
EXAMPLE OF
SOUTHWEST UTAH PUBLIC HEALTH PERMIT

Southwest Utah Public Health Department
ENVIRONMENTAL HEALTH
PERMIT TO OPERATE

(Type of Operation Authorized)
Issued To

On date of issue, the facility was found to be in compliance with applicable rules, regulations, and standards and is issued this permit to operate. This permit is nontransferable and may be revoked for cause.

Issue Date
Expiration Date

Issued By
Environmental Health Supervisor

This permit must be posted on premise visible to public
EXAMPLE OF FOOD HANDLERS PERMIT