



Saturday, May 5, 2018
VENDOR/EXHIBITOR APPLICATION FORM -
Application Deadline 4/01/18

COMPANY NAME:
CONTACT NAME: TITLE:
ADDRESS:
CITY: STATE ZIP CODE:
TELEPHONE: FAX: EMAIL:
Product(s) selling/marketing:

SUBMIT COPY of: All Licenses, Permits, Certificate of Insurance and Non Profit Status

\* RIVERSIDE BUSINESS LICENSE#: NON PROFIT 501(c)3 #:
\* SELLERS PERMIT/RESALE LICENSE #:

ONE SPACE FEE:

Food Vendors:
Product & Service: 10x10/\$400 10x20/\$500 10x10/\$300 10x20/\$400 10x30/\$600 10x30/\$500 Non Profit: 10x10/\$75 (must submit proof of 501c3 status)

Gasoline Alley\*: Trailer/Semi (\$500) Pop Up (\$250) Footprint (ex. 10'X20')
\*Friday and Saturday

All Vendors must include a separate check for Mandatory Refundable Cleaning Deposit \$100

Please submit: Certificate of Insurance naming the Riverside East Rotary Club (PO Box56115, Riverside, Ca 92517) The Old Farts Racing Team So-Cal and City of Riverside (3900 Main Street, Riverside, Ca 92522) as Certificate Holders with comprehensive general liability coverage and One million per occurrence and One Million aggregate limit. Vendors who will be selling must also include an Endorsement page to the policy. See attached sample.

FOOD/TRUCK VENDORS:

- 1. Please be advised that part of the Food Vendor Fees will pay for the Riverside County's Environmental Health Departments' blanket permit. You will be subject to the Health Department's checklist and requirements and will be inspected on event day by County Health Inspectors and City of Riverside Fire Inspectors.
2. Vendor must bring appropriate working Fire Extinguisher(s) per City of Riverside Fire Code: CF6C 904 11.5.2 and 906 Please Initial Acknowledgement
3. Food Vendors will be included under the Temp Food Permit if application is received, accepted and paid on or before March 30, 2018. Thereafter, vendor will be responsible for the health permit fee.

TRASH: Please remove and dispose of all trash/debris; break down card board boxes prior to disposing. A \$100 refundable cleaning deposit is required at time of application. The deposit will be kept if applicant neglects to clean up after event, thus resulting not being allowed to participate in the future. Please submit a separate check for cleaning deposit for expedited return.

GENERATORS: Power is not provided. Quiet generators are allowed.

ONE DAY TEMPORARY City of Riverside Business License fee- \$3.00

SET UP: 5:30am - 6:45am (No admittance after 6:45AM) BREAKDOWN: Saturday 6pm

- ❖ PAY via Check. No checks will be accepted after 4/8/18
❖ Make checks payable to: Riverside East Rotary/Show and Go, Mail to: 159 Muir Woods Rd. Perris, CA 92570
❖ NO REFUNDS: Once application is approved and paid, space fees WILL NOT BE REFUNDED.

Waiver of Liability: By execution of this entry form, applicant hereby releases and discharges the event Organizers, their sponsor, Show and Go For Charity 2018 Organizing Committee, The Riverside East Rotary Club, The Old Farts Racing Team, So. Cal, and the City of Riverside, their directors, officers, employees, agents, representatives, and servants, and anyone connected with the management or conduct of this event from any and all and unknown damages, injuries, losses, judgment claims from any causes whatsoever that may be suffered to any member to his/her person or property; further applicant expressly agrees to indemnify all the foregoing entities, persons and bodies from any and all cooperating with applicant and/or under the direction or control of applicant. Applicant agrees to obey all rules and regulations of Organizers, the Committee, the Riverside East Rotary Club, The Old Farts Racing Team So. CA and the City of Riverside, which may be in effect during the time of the event. The applicant further understands that in the event of any and all natural disaster (wind, fire, flood, or earthquake) and any other Acts of God, which may hinder the applicant's participation, will not warrant a refund.

Date:

Applicants Name: (Print) Applicants Signature:

I (Print Name) \_\_\_\_\_ hereby authorize and give my full consent to the Show & Go Car Show For Charity, Riverside East Rotary and the Old Farts Racing Team and Committees to copyright and/or publish any and all photographs, videotapes and /or film in which I appear while attending Show and Go. I further agree that the Show & Go Car Show For Charity, Riverside East Rotary and the Old Farts Racing Team and Committees may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitation or reservations.

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Signature

Date

**Parent/Guardian:** I declare under penalty of perjury that I am the parent/guardian of the minor participant. I have authority to enter into this agreement on behalf of the minor named above.

Printed Name of Parent/Guardian: \_\_\_\_\_

Relation: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN SIGNATURE:**

\_\_\_\_\_

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

RIVERSIDE COUNTY - COMMUNITY EVENT TEMPORARY FOOD FACILITY

OPERATOR'S AGREEMENT FORM

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

Name of Event: \_\_\_\_\_ Show and Go Car Show for Charity

Location of Event: \_\_\_\_\_ Downtown Riverside - Market and 9th

Dates and Times of Event: \_\_\_\_\_ Saturday May 5, 2018 7am to 6pm

Name of Food Facility: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Name of Person in Charge: \_\_\_\_\_

Contact Number for Person in Charge: \_\_\_\_\_

Circle One: Booth Mobile Food Facility

If booth, describe enclosure: \_\_\_\_\_

Food and beverage to be served: \_\_\_\_\_

Where will food be prepared: \_\_\_\_\_

How food/beverage will be prepared and served: \_\_\_\_\_

List of cooking equipment: \_\_\_\_\_

Fire extinguisher? \_\_\_\_\_ (Check with city/county fire department for rating)

How will food be held hot (above 135°F)? \_\_\_\_\_

How will food be held cold (below 45°F)? \_\_\_\_\_

How will temperatures be monitored? \_\_\_\_\_

Describe hand wash set up: \_\_\_\_\_

Describe Utensil wash setup /Test Strips? \_\_\_\_\_

Will any equipment be stored outside of booth or mobile food facility? \_\_\_\_\_

If yes, how will items be stored and protected? \_\_\_\_\_

RIVERSIDE COUNTY - COMMUNITY EVENT TEMPORARY FOOD FACILITY

OPERATOR'S AGREEMENT FORM - pg 2

Name of Food Facility: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Name of Person in Charge: \_\_\_\_\_

Contact Number for Person in Charge: \_\_\_\_\_

I agree to adhere to the following requirements to operate at said event:

- Name of facility, city, state, zip code, and name of the operator shall be legible and clearly visible to patrons.
- Hand washing facilities shall be provided at operations handling any open food. Hand washing facilities shall be properly stocked and used as often as necessary to keep hands clean and protect food from cross-contamination. **Note: gloves and/or hand sanitizer are not approved replacements for hand washing.**
- All food and beverage items will be stored, displayed, prepared/ processed at an approved food facility and **not a private home/residence.**
- Cold and hot holding equipment shall be provided to ensure proper temperature control during transportation, storage, and operation of the temporary food facility.
- All potentially hazardous foods will be held at or below 45°F or at or above 135°F. At the end of the operating day, any foods held above 41°F shall be disposed of. Thermometers shall be provided to monitor temperatures.
- Service ice is considered a food and shall remain off the ground, stored in clean sanitized food grade containers and properly dispensed by operator of temporary food facility or in approved bulk dispensing units.
- All equipment shall be maintained in a clean and sanitary condition.
- Equipment shall be washed in hot (minimum 100°F) soapy water, rinsed and sanitized either in a 3-compartment ware washing sink or 3-bucket system as approved by this Department depending on length of event. Sanitizer testing equipment shall be provided to measure concentration of sanitizer.
- Operations handling any open food must provide **completely enclosed booths**. Contact this Department for approval of alternative food protection means.
- Significant changes of Menu items shall be discussed and approved by this department.

I understand these requirements and agree to operate in a manner to protect food from possible contamination.

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

Contact Phone Number: \_\_\_\_\_

**PLEASE FAX TO Dept of Env. Health (951) 358-5017 PRIOR TO EVENT**

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Reviewed by: \_\_\_\_\_

Notes: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

COMMERCIAL GENERAL LIABILITY  
CG 20 26 07 04

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(s) must be endorsed. If SUBROGATION is WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTRACT NUMBER	DATE (MM/DD/YYYY)
	PHONE (AREA NO., EXCH. NO., EXT.)	10/10/2012
	FAX (AREA NO., EXCH. NO., EXT.)	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A	
	INSURER B	A.M. Best Rating
	INSURER C	
	INSURER D	Must have "A" and "VII"
	INSURER E	and above!
	INSURER F	

Name and Address of Company

**COVERAGES** CERTIFICATE NUMBER: 137767552  
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	ACORD FORM NO.	POLICY NO.	REVISION NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPIR. DATE (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY	Y	51SBAAA5892		5/6/2012	5/6/2013	\$ 1,000,000
COMMERCIAL GENERAL LIABILITY						
CLAIMS-MADE	<input checked="" type="checkbox"/>					
OCUR	<input type="checkbox"/>					
AGD (add for)	<input type="checkbox"/>					
SR00050405						
GEN'L AGGREGATE LIMIT APPLIES PER:						
POLICY	<input checked="" type="checkbox"/>					
LOC	<input type="checkbox"/>					
AUTOMOBILE LIABILITY						
ANY AUTO	<input type="checkbox"/>					
SCHEDULED	<input type="checkbox"/>					
ALL OWNED	<input type="checkbox"/>					
AUTOS	<input type="checkbox"/>					
NON-OWNED	<input type="checkbox"/>					
AUTOS	<input type="checkbox"/>					
HIRSD AUTOS	<input type="checkbox"/>					
UMBRELLA/LAB	<input type="checkbox"/>					
OCUR	<input type="checkbox"/>					
CLAIMS-MADE	<input type="checkbox"/>					
EXCESS/LAB	<input type="checkbox"/>					
USED OR RETENTION \$						
ANY PROPRIETARY PARTS/RECURTIVE (Mandatory in NJ)	<input type="checkbox"/>					
ANY PROPRIETARY PARTS/RECURTIVE (Mandatory in NY)	<input type="checkbox"/>					
DESCRIPTION OF OPERATIONS show						

← Liability Limits →

Expiration Date must be Current!

Your Policy # must be Added to Endorsement

**Additional Insured - General Liability is included per form CG 20 26 07 04 as required by written contract.**

**Additional Insured - General Liability: City of Riverside**

Form Number must match the form number indicated on the endorsement provided

CERTIFICATE HOLDER	CANCELLATION
City of Riverside Risk Management 3900 Main Street Riverside CA 92522	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Required Description	AUTHORIZED REPRESENTATIVE
Required Certificate Holder Information	<i>Riverside C. H. H.</i>

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

## ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

Policy Number: 51SBAAA5892

Insured: City of Riverside

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

The City Of Riverside, Its Officers, Employees And Agents.

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf.

- A. In the performance of your ongoing operations;
- B. In connection with your premises owned by or rented to you.