

**17<sup>th</sup> Annual City of Surprise Surprise Party**  
**Food Vendor Application**  
**Friday November 30<sup>th</sup> 2018 5p-9p**  
**Saturday December 1<sup>st</sup> 2018 11a-5p**



CONTACT INFORMATION (Please type or print legibly)

Business Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Business License Number \_\_\_\_\_ TPT Number \_\_\_\_\_ Health Permit Number \_\_\_\_\_

\*\*\* Applications will not be accepted until all the information above is completed. \*\*\*

**METHOD OF PAYMENT (circle one)**      **Cash**      **Check**      **MC**      **VISA**

\*\*\* If paying with a card you will be required to call 623.222.2000 or walk-in for payment\*\*\*

**VENDOR BOOTH FEES** (Applies to duration of event)

Please make checks payable to "City of Surprise"

Mail Completed application and payment to:

*Surprise Recreation Campus*

*Attn: Steve Castillo*

*15960 N. Bullard Avenue, Surprise AZ 85374*

**Food Vendor Fees**

	<u>Without Power</u>	<u>With Power</u>
<input type="checkbox"/> Food Vendor Space (Friday Night)	\$75	\$100
<input type="checkbox"/> Food Vendor Space (Saturday)	\$200	\$225

\$ \_\_\_\_\_ **Total amount due with application by Friday November 16<sup>th</sup>.**

**Contract Terms**

\*All vendor's must be set up and ready to go by 4:30 p.m. Friday and 10:30 a.m. Saturday.

\*Vendor's must be completely self-sufficient.

\*Vendor's are responsible for all of their own set up and break down for the event.

\*City of Surprise will determine vendor location.

\* Set-up instructions will be emailed the Monday prior to the event.

\*\*\* NO REFUNDS WILL BE ISSUED ONCE APPLICATION IS ACCEPTED. \*\*\*

**Agreement**

This Promotional/Sponsorship Contract is entered into between the City of Surprise and \_\_\_\_\_ to be effective upon written acceptance by the City of Surprise.

**BY SIGNING BELOW**, all parties hereto accept this Vendor/Sponsorship Agreement.

**City of Surprise**

**Participating Vendor**

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

# SPECIAL EVENT-VENDOR CHECKLIST

**\*\*All items below must be submitted before approval of acceptance\*\***

## **FOOD VENDOR:**

- COMPLETED APPLICATION (SUBMITTED NO LATER THAN FRIDAY NOVEMBER 16, 2018)
- BUSINESS LICENSE INFORMATION (SPACE ON PAGE 1)
- TRANSACTION PRIVILEGE TAX (TPT) LICENSE INFORMATION (SPACE ON PAGE 1)
- HEALTH PERMIT INFORMATION (SPACE ON PAGE 1)  
WITH LIST OF EMPLOYEE'S AND INDIVIDUAL COPY OF FOOD HANDLER INFORMATION FOR EACH  
EMPLOYEE (PLEASE ATTACH)
- MENU WITH PRICES OF ITEMS THAT WILL BE OFFERED DURING THE EVENT (PLEASE ATTACH)
- CERTIFICATE OF INSURANCE CITY OF SURPRISE REQUIRES A \$2 MILLION DOLLAR INSURANCE POLICY,  
WITH CITY OF SURPRISE AS ADDTIONALLY INSURED

## **CITY OF SURPRISE- SURPRISE RECREATION CAMPUS:**

- EVENT SET UP INFORMATION PROVIDED 2 WEEKS PRIOR TO EVENT
- RECEIPT OF PAYMENT
- EVENT RECAP AVAILABLE UPON REQUEST

***SPECIAL REQUESTS, INCLUDING VENDOR LOCATION, WILL BE CONSIDERED BUT ARE NOT GUARANTEED.***

***Submittal of this application does not guarantee approval. Staff will review all applications and notify you of acceptance. If your application is not accepted your vendor fees will be returned.***

***NO REFUNDS WILL BE ISSUED ONCE APPLICATION IS ACCEPTED.***