



CARIBBEAN TRADE AND INVESTMENT SUMMIT

Exhibitor Application/Agreement

Name: _____

Description of Service: _____

Contact's Name: _____ Title: _____

Phone #(s): _____ Fax #: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____ Website Address: _____

List specific products or services to be sold or advertised: _____

Booth Location (see floor map): 1st Choice: _____ 2nd Choice: _____

EXHIBITORS RENTAL:

Exhibitor's space **(\$250)** (NOTE: There is a \$50 non-refundable deposit per contract. This deposit will be applied to your total booth rental and fees.)

(Each exhibitor will receive one(1) table and two(2) chairs at no additional charge)

Food Vendors must supply Insurance Certificate and City of Hartford Temp food Permit and Vendors permit. See note on page two. All other vendors must supply Vendors permit. See note on page two.

Make checks payable to: Caribbean Trade Council Inc.

I have read and agree to the policies listed on the following page:

I agree that I am renting space only at the Caribbean Trade Exhibition on *October 28 & 29, 2010 at 10-90 State House Square, Downtown Hartford between the hours of 8:00 a.m. to 6:00 p.m.*; and that my rental space constitutes no endorsement by the Council of my activities or sales at the fair, and that the Council accepts no legal liability, therefore, I and my business entity are responsible for abiding by all applicable laws, including and not limited to requirements for any necessary licenses and permits, governing my presence and activities at the celebration; and that I will forfeit all fees paid for failing to vend unless the Committee receives my *written cancellation by 5:00 p.m. on Friday, October 1, 2010*. I also understand that the Council is not responsible for weather conditions, or any other acts of GOD, and it has been explained to me herein that no refunds will be issued. I also understand that this application incorporates by reference all rights and responsibilities set forth in the letter and/or implied contract inclusive of verbal/written herein. **RETURN to , Anthea Daley Council's Event Coordinator @ 3155 Main Street, CT 06120 or fax to (860) 246-0174 BEFORE 5:00 p.m. Friday, October 10 , 2010. Spaces Limited, Early reservations recommended. Those that want to share a booth space, application must be submitted together with full fee for rental space.**

(Exhibitor's Signature)

(Date)

For questions or to check booth availability and hotel reservation, Please contact Garfield Lawrence @ 860- fax 860-246-0174

FOR OFFICE USE ONLY

Special/Credit Allowance: \$ _____ Amt Due to be Submitted w/Original Signed Application: \$ _____

Application received via Mail In Person Fax Date Received: _____

Payment(s) Received on _____ via Cash Check # _____: \$ _____

Paid in Full Balance Due: \$ _____ no later than _____

Receipt # _____ Initials: _____ Date: _____

LOCATION: _____ _____ SPACE ASSIGNMENT No.: _____

Policies & Procedures

Deposit: A \$50 non-refundable deposit is due with the signed contract. This deposit is applied to the total balance due.

Exhibitor space is not contractually obligated until CTC receives both the signed contract and deposit. In the event that there are no available spaces, the category limit has been reached, or the exhibitor's application is not accepted, the deposit will be refunded.

Exhibit Hours run *October 28 & 29, 2010 between 8:00am-6:00pm*. Exhibition must be staffed during all hours of the program.

Marketing: Exhibitors will be listed on the Caribbean Trade Council's website if information is received 30 days prior to the event.

Parking: Exhibitors must park in any municipal parking lot and take the free shuttle to Hartford City Hall or use paid parking on street.

Exhibitor agrees to rent the total number of spaces set forth on the exhibitor APPLICATION & CONTRACT for this event. Exhibitor has no right to assign or sublet such space without the prior written approval from the Event Coordinator.

Exhibitor space is in unit of Approximately 10" x 5" and 10. Upon request, the Event Coordinator shall provide exhibitor, prior to the commencement of the exhibition, with the name of an exhibit services contractor prepared to furnish additional materials and services. The Event Coordinator assumes no liability or responsibility in connection with their services or materials provided by such block air or light flow. The exhibition shall not be over 8" in height and shall not have display sidewalls extending more than 4" from the back of the booth (to a maximum height of 36"), unless prior written approval is received from Event Coordinator. Exhibitor acknowledges that, pursuant to the objective of the

Exhibition, he/she shall use the exhibitor space only for purposes of marketing or selling his/her products or services provided by his/her company consistent with the theme of exhibition. All displays must remain within the exhibitor perimeters and not to intrude on the aisles.

However, the Event Coordinator will provide his/her best efforts to offer exhibitors space if requested. The event Coordinator reserves the right to alter the event layout and booth arrangement to a design that may differ from illustrations in marketing literature or announced floor plans, and further reserves the right to reassign exhibitor's space or relocate exhibitor's location. The event Coordinator additionally reserves the right to alter exhibition hours and the number of days or the dates of the exhibition.

Exhibitor payment must be paid in full upon signing this application. All payment should be made to the Caribbean Trade Council Inc. By signing this contract, exhibitor agrees that the amount retained by the Event Coordinator is a fair and reasonable. In the event of the cancellation, Event Coordinator shall have the right to rent the booth space to another party. However, any rental fees received by such re-rental shall not be accrued to the Vendor's benefit or reduced its liability there under.

All exhibitors should possess a valid vending permit issued by the City of Hartford and possess a proper certificate from the health dept to sell food. All vending certificates shall be displayed at all times during operation of the Trade Exhibition.

(Note) refer to the City of Hartford License and Inspection Division and Health Department, for a detail list of policies relating to vending.

Exhibitor shall set up his/her booth at the designated set-up time, have staff in his/her booth during full event hours, and shall not disassemble or close his/her booth until after the event has closed to the public. If the exhibition display and materials fail to arrive in time for the event; the exhibitor will remain responsible for the payment of the booth space and any other fees.

Move-In Date: **Oct 27, 2010 @5pm** Show Date: **Oct 28-29, 2010** Move-Out Date: **Oct 29, 2010 @ 6pm**



CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Environmental Health Division

131 Coventry Street

Hartford, Connecticut 06112

Telephone: (860) 543-8816

Fax: (860) 543-8898

www.hartford.gov



VENDOR

APPLICATION

AND

GUIDELINES

FOR

TEMPORARY FOOD SERVICE EVENTS



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VENDOR APPLICATION FOR TEMPORARY FOOD EVENT

The VENDOR of each temporary food event must complete this application with remittance of \$50.00 (CASH ONLY) and must be filed (10) days prior to the opening event This application and \$50.00 must be submitted to the Department of Licenses and Inspections, 260 Constitution Plaza, Hartford, CT 06103.

This application is not a license. Temporary food permits will not exceed a period of 1 to 5 days.

Today's Date _____

Name of Event _____

Date of Event _____

Time of Event _____

Location of Event _____

Event Coordinator _____

Event Coordinator Address _____

Event Coordinator Phone # _____

Event Coordinator E-Mail Address _____

Event Coordinator Phone # (cell, work & home) _____

Name of Applicant _____

Name of Applicants Business (please indicate if mobile vendor) _____

Applicants Address _____

Applicants E-Mail Address _____

Applicants Phone # (cell, work & home) _____

Set up time _____

Please provide the following: (If any of the following does not apply to you put N/A)

1. List **all** food and beverage items to be prepared and served (menu). Attach a separate sheet if necessary.

NOTE: Any changes to the menu must be submitted to the Environmental Health Division 10 days prior to the event.

2. Describe specifically how frozen, cold, and hot foods will be transported to the event.

3. List all places (name & address) where meats, poultry, seafood, shellfish, and ice will be purchased.

4. List names, phone numbers, addresses, and shifts to be worked of all employees. See attachment #1.

5. Use attachment #2 in this packet to sketch a drawing showing the event area and where your operation will be.

6. Describe the number, location and set up of hand washing facilities to be used by employees.

7. Describe how and where utensil/equipment washing will take place. If no facilities are available, describe how alternate steps will be taken.

8. Describe how wastewater will be collected, stored and disposed.

9. Describe the number and location of garbage containers.

10. Describe what heat source will be used to keep hot foods hot (140 degrees and above).

11. Describe how colds foods will be kept cold (45 degrees and below).

12. Describe how food temperatures are monitored, cleaned and sanitized.

13. Will foods be prepared on site? If no, where will foods be purchased? (enclose copy of food license)

NAME OF EMPLOYEE

PHONE #

ADDRESS

SHIFT

1.

2.

3.

4.

5.

6.

7.

8.

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ATTACHMENT #2

CHECKLIST FOR FOOD BOOTH/VENDOR OPERATORS

- __Metal probe thermometer (0 – 220 degrees F range)
- __Thermometers for all refrigerators
- __Coolers and ice packs (if ice is to be used for cooling of foods, where is water to be drained)
- __Plastic wrap/Aluminum foil
- __Extra utensils: tongs, spatulas, spoons, and knives
- __Water source
- __Buckets/tubs for washing, rinsing, sanitizing food equipment
- __Bleach for sanitizing, test strips for checking
- __Waste water disposal container
- __Container(s) for grease collection
- __Clean wiping cloths and a container to store them in
- __Garbage containers and plastic bags
- __Hats/hair restraints
- __Crates, shelves to store food off of the ground
- __Gloves for food handling
- __Hand washing station

PLEASE TYPE OR PRINT

CITY OF HARTFORD
VENDOR LICENSE APPLICATION

VENDOR PERMIT #: _____

Trade Name: _____ Sale Tax Certificate #: _____
Operator Name: _____ Telephone: _____

Home Address: _____
(First) (Middle) (Last)
(Number) (Street) (City) (State) (Zip Code)

Name of vending firm or employer: _____
(If privately owned write N/A)

Address: _____ City _____ State _____ Zip _____

Are you self employed?: Yes _____ No _____ Length of time vending in Hartford: _____

Specific Categories: (Yes/No) Make of Vehicle: _____ Model: _____ Year: _____

Hot Dog Cart _____ Color: _____ License Plate #: _____

Ice Cream Truck _____
Produce Truck/Cart _____ Hours of Operation: _____

Fish Vendor _____
California Truck _____ Type of foods sold: _____
Rolling Kitchen _____ (List menu items sold)
Other (Specify) _____

Vending Location(s) in Hartford: _____
(Please List Street)

QFO employed: _____ Yes _____ NO QFO's Name: _____ (Attach Certificate)

PLEASE NOTE: ALL CLASS 3 AND CLASS 4 FOOD VENDORS -- Hot food preparation of potentially hazardous foods served to the public. "Vending licenses will not be renewed nor will the vendor(s) be allowed to operate without Qualified Food Operator (QFO) compliance". ONE QFO PER VEHICLE/CART REQUIRED. A copy of the certificate must be presented at time of application.

I hereby agree to comply with the requirements of Section 19-13-B42 (Sanitation of Places Dispensing Foods and Beverages, Section 19-13-B48 (Itinerant Food Vending) and Section 19-13-B49 (Catering Food Service) of the public health code of the State of Connecticut, and Section 14 of the Municipal Code of the City of Hartford. I further understand that non-compliance with the requirement of applicable sections of these regulations may result in closure of the establishment and revocation of the license. Property and the surrounding area must be kept sanitary at all times.

I further agree to abide by all Federal and State laws prohibiting the sale and use of illegal drugs and alcohol and understand that if I or any of my employees are arrested for sale or use of illegal drugs in my establishment that such arrest is grounds for immediate revocation of my food license and notification to the State and Federal agencies.

This form with remittance must be filed at the Bureau of Licenses and Inspections, Room 304, 550 Main Street, Hartford, CT 06103, (860)543-8750. Check should be made payable to the "City of Hartford".

Print Name: _____ Signature: _____ Date: _____

OFFICE USE ONLY

SANITARIAN : _____ DATE _____ APPROVED: ()
NOT APPROVED: ()

COMMENTS: _____