

# Walpole Day 2020

## Vendor Application Packet

Event Date: **September 26th, 2020**

This packet must be completed and submitted with the appropriate vendor fee by August 28th, 2020.

### Event Information:

Location: Stone Field @ Blackburn Hall  
135 School Street  
Walpole, MA 02081



### Agenda:

- One Day Festival - Saturday, **September 26th, 2020**
- 11:00am - 3:00pm
- Activities Include:
  - Parade
  - Live Musical Entertainment
  - Kidz Zone
  - Police and Fire Vehicles
  - Vendor Booths
  - Food Court
  - Demonstrations & Displays
  - And much, much more!

### Vendor Categories:

<b>Non-Profit</b> Group/Organization	Any vendor or agency that is displaying or providing public information not for the purpose of direct sales to consumers. Service clubs or non-profits may be asked to provide proof of 501c3 status.
<b>In-Town</b> Business/Organization	Any business or organization located within Walpole with a Walpole Mailing address. Physical address required - PO Box addresses not accepted.
<b>Out-Of-Town</b> Business/Organization	Any business or organization located outside of the Town of Walpole.

Questions about Walpole Day?

Email or Call Arielle Carney at [acarney@walpole-ma.gov](mailto:acarney@walpole-ma.gov) or 508-660-6353

## Vendor Fee Schedule:

<b>Non-Profit</b> 10ft x 10ft booth space	<b>\$20.00</b>	Non-Profit tables must provide an activity (i.e. games, crafts, etc.) that adds to the event. • <b>No Access to Power</b>
<b>In-Town</b> 10ft x 10ft booth space	<b>\$40.00</b>	• <b>No Access to Power</b>
<b>Out-Of-Town</b> 10ft x 10ft booth space	<b>\$55.00</b>	• <b>No Access to Power</b>
<b>Table Fee</b> (Optional)	<b>\$15.00</b>	If you'd like the Walpole Recreation Department to provide (1) 6-foot rectangular table for you, please add <u>\$15.00</u> to your total vendor payment.

Questions about Walpole Day?

Email or Call Arielle Carney at [acarney@walpole-ma.gov](mailto:acarney@walpole-ma.gov) or 508-660-6353

## Vendor Rules, Restrictions, and Guidelines:

- Walpole Day 2020 is a public, family friendly event. Walpole Recreation reserves the right to refuse and prohibit any product/service from being sold or distributed.
  - The Event Director's actions and decisions are final.
- Event vendors will comply with the following conduct and responsibility requirements:
- Event vendors will ensure that their staff/volunteers will conduct themselves in a personable and business like manner.
  - All music and noises are to be kept at a comfortable level and are not to bother surrounding neighbors
  - All vendors are to stay within their booth space
  - All vendors are to have their booth staffed at all times
  - All will keep their vendor spaces cleaned and will help to keep the premises clear of litter
- If any vendor should, at any given time, present him/herself in a manner contrary to these rules and regulations, or in a hazardous or offensive manner to the public, other vendors, staff, volunteers, etc, will upon request of festival staff, immediately stop the offending conduct. Failure to immediately comply will be just cause for revoking a vendor's permit and his/her removal from the event. No refunds will be given.

## Set-up & Tear down Instructions:

- Vendor Check-in begins at 8:30am
- At the time of check-in, vendors will be given vendor access instructions and booth location assignment. If you reserved a table for the additional \$15.00 fee, you will be shown where to pick-up your table. Tables CANNOT be reserved the day of the event.
- After you have checked in, you may begin setting up your booth space
- Vendor check-in ends at 10:30am
  - All vehicles must be removed from the vendor area by 10:30am
  - Vendor Booths must be set-up and ready by 11:00am
- Tear down is not permitted prior to 3:00pm
- There will be limited drive-up access for vehicles to enter the vendor area at tear-down

# Walpole Day 2020

## Vendor Application Packet

This packet must be completed and submitted with the appropriate vendor fee by August 28th, 2020 to guarantee review of your application for Walpole Day 2020.

**Event Date: Saturday, September 26th, 2020**

Vendor/Company Name

Contact Person

### Vendor Contact Information:

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

(All festival correspondence will be done through email)

### Booth Description:

Please provide a brief description of your products and/or booth and enclose a photo of your product(s) with your application: \_\_\_\_\_

Please circle the vendor booth fee which best fits you (Please refer to the vendor fee schedule):

Non-Profit  
\*\*must provide  
activity at booth

\$20

In-Town  
Public Market  
Vendor

\$40

Out-Of-Town  
Public Market  
Vendor

\$55

\*\*Non-Profit booth activity (craft, game, etc.): \_\_\_\_\_

Food Vendors: Food Vendors must submit all completed health department documents (attached) to the Recreation Department at the same time Walpole Day applications are submitted. **Health Department Materials must be submitted by August 14th** to ensure adequate time for processing and inspector scheduling.

\*\*Required Health Forms are attached to the back of this packet\*\*

Do you need a table? Yes  No

One 6-foot rectangle table can be provided for an additional \$15 fee.

Vendors are strongly encouraged to bring and set-up a 10ft x 10ft canopy tent weights/sand bags are required (no ground stakes)

  
more on back

## Walpole Day Parade:

Will you or your group be participating in the Walpole Day Parade? Yes  No

(Participation in the Walpole Day Parade is FREE!)

Will your group be:

Walking in the parade  OR Entering a float in the parade

Theme of Float: \_\_\_\_\_

Will you need a flat bed truck/trailer for your float? Yes  No

Please make checks payable to The Town Of Walpole and  
return this application, vendor photos and payment to:

Walpole Recreation

Attention: Walpole Day 2020

135 School Street

Walpole, MA 02081

Vendor Booth Fee:	\$
\$15 Table Fee (Optional):	\$
Total Payment Enclosed:	\$

## Waiver of Liability Release

I assume all risks and hazards incidental to such participation including any damage or loss to myself, my employees/volunteers, my booth and/or my inventor. I hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Walpole, Walpole Recreation Department, event partners, supervisors, staff and volunteers for any claim arising from injury to myself, my staff/volunteers, and/or my belongings. Furthermore, in case of any emergency, if I should require medical attention, I give permission for my Walpole Recreation representative, or the representative's designee, to secure the emergency medical attention required. Any direction to the contrary should be attached to this form and signed. I agree that pictures taken during the program hours may be used for promotional purposes.

Additionally, I do \_\_\_\_\_ / I do not \_\_\_\_\_ give permission to the Town of Walpole staff to release my name and mailing address to other public entities hosting or planning to host an event similar in nature.

\*\*\*\*\*

By signing here, I am stating that I have read and understand all pages of this vendor application packet, including the event information, vendor descriptions, vendor fee schedule, vendor requirements, rules and regulations, set-up and tear-down instructions. I also understand that I have not been promised exclusivity for my products and/or services and that my submission of this application and payment does not guarantee my participation in Walpole Day 2020.

\_\_\_\_\_  
Contact Person's Signature

\_\_\_\_\_  
Date

# \*\*Food Vendors Only\*\*

This portion of the Walpole Day Application must be submitted along with your Walpole Day Application to the Recreation Department. Fee covered by Walpole Recreation

## TOWN OF WALPOLE

Health Department

135 School Street

Walpole, MA 02081

~~Permit Fee \$75~~

## Temporary Food Service Application for Permit

**RETURN COMPLETED APPLICATION TO THE WALPOLE HEALTH DEPARTMENT  
THIRTY (30) DAYS PRIOR TO THE EVENT.**

Please type or print legibly and complete attached Plan Review Layout.

**BUSINESS/COMPANY NAME:** \_\_\_\_\_

**1. NAME and LOCATION OF EVENT:** \_\_\_\_\_

**DATE(s)** \_\_\_\_\_

**2. EXPECTED NUMBER OF PATRONS:** \_\_\_\_\_

**3. MENU: ATTACH A LIST OF ALL ITEMS. CHANGES MUST BE APPROVED BY  
THE HEALTH DEPARTMENT AT LEAST 7 DAY PRIOR TO THE EVENT.**

**4. EVENT COORDINATORS AND SERVE-SAFE CERTIFIED INDIVIDUALS:  
(INCLUDE COPY OF CERTIFICATION)**

NAME	ADDRESS	PHONE (work, home, cell)
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a. \_\_\_\_\_

b. \_\_\_\_\_

**5. NUMBER OF ANTICIPATED FOOD BOOTHS:** \_\_\_\_\_

**6. LIST ALL POTENTIALLY HAZARDOUS FOOD ITEM AND CHECK PREPARATION**

**SECTION A: At the approved kitchen:**

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

**SECTION B: At the booth:**

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

**Note: If your food preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on an attached sheet.**

**\*\*Food Vendors Only\*\***

7. TIME OF EVENT SET-UP: \_\_\_\_\_

8. DESCRIBE PROPOSED RESTROOM FACILITIES (TYPE, NUMBER, and LOCATION):

\_\_\_\_\_  
\_\_\_\_\_

9. WILL ELECTRICITY BE PROVIDED TO THE FOOD BOOTHS: \_\_\_\_\_ YES \_\_\_\_\_ NO

10. DESCRIBE THE POTABLE WATER SUPPLY AND DELIVERY:

\_\_\_\_\_  
\_\_\_\_\_

11. DESCRIBE THE WASTEWATER DISPOSAL SYSTEM:

\_\_\_\_\_  
\_\_\_\_\_

12. DESCRIBE GARBAGE DISPOSAL:

\_\_\_\_\_  
\_\_\_\_\_

13. \_\_\_\_\_  
SIGNATURE TITLE DATE

**NOTE:**

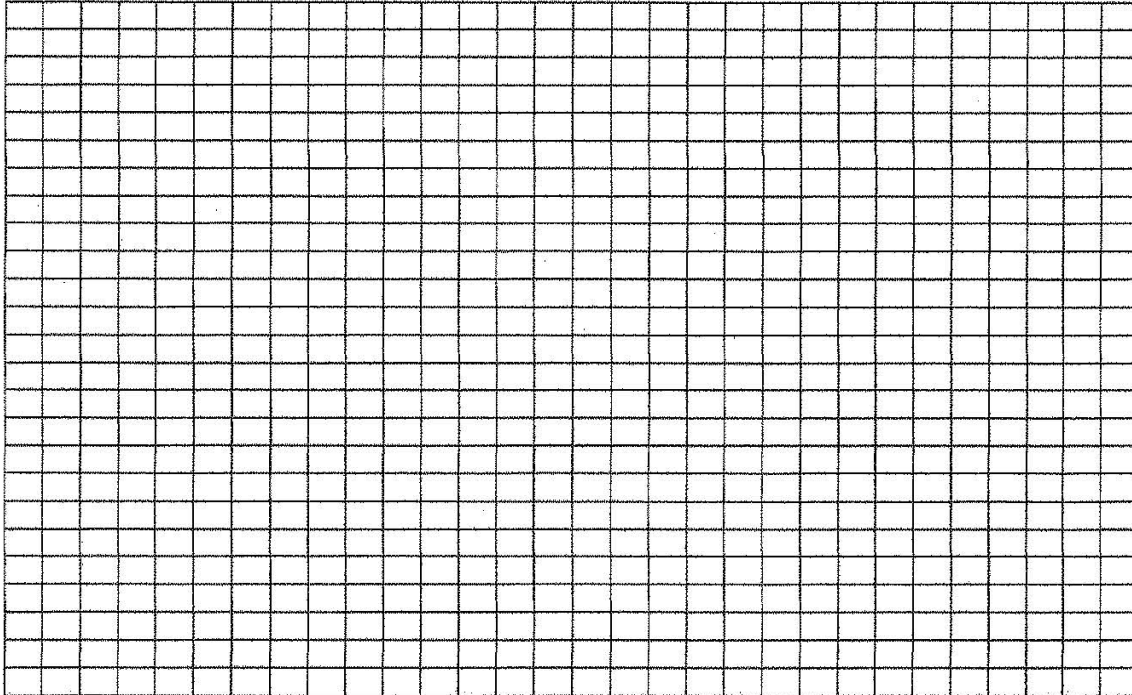
By providing the above information, you will be assisting us in identifying potential public health problems that might occur during your event. Solving these problems in advance will provide the opportunity for a successful and smooth operation. If applicable, you must notify any food booth participants that they must submit a Temporary Food Establishment Permit application no later than **two (2) weeks prior to the event.**

# **\*\*Food Vendors Only\*\***

**Plan Review:**

**A. Draw in the location and identify all equipment including handwash facilities, dishwash facilities, ranges, refrigerators, worktables, food/single service storage, etc. (A certificate from the Fire Department is required for all open flames.)**

**B. Describe floor, wall and ceiling surfaces:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**BOARD OF HEALTH COMMENTS:**

PERMIT NUMBER \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_  
Copy to Applicant:  In Person  Mailed Date \_\_\_\_\_