

Northern California M.L.K., Jr. Birthday Observance Committee

c/o Jackie Keys-Guidry, DPS&R, 592 – 59th Street #8, Oakland CA 94609-1535

Email: mlk2jkg@yahoo.com www.norcalmlk.org

* Checks / Money Orders made PAYABLE to the: No. CA MLK, Jr. Birthday Observance Committee / NCMLKJBOC *

SAMPLE MLK 2008 FOOD VENDOR SPACE RENTAL APPLICATION / AGREEMENT

PLEASE PRINT/TYPE LEGIBLY

Vendor Business Name: SEAFOOD & FAB DESSERTS

Contact Name (s): Ms. Sample Form

Address: 555339 Martin Luther King, Jr. Blvd

City: Oakland State: CA Zip Code: 94609-1535

Telephone 1: 510/777-9999 home Telephone 2: 510/444-1111 work

Fax Phone: 510/777-9990 Cell / Mobile: 510/334-0000

Email: Sample@SeafoodFabDesserts.com Website: www.SeafoodFabDesserts.com

Booth is based on a 10 x 10 area; wherein a 20 x 10 booth equals two (2) booths. All food preparation /sales / distribution must be done inside the booth. Cart: one cart equals one booth. **Low hazard foods:** an operation that handles, sells, or distributes only on-potentially hazardous foods in a method that does not create a high hazard of contamination (e.g. packaged candy bars, packaged cookies, canned sodas, etc.). **High hazard foods:** handles, sells/distributes potentially hazardous foods or foods in a method that has potentially high hazard contamination (e.g. meat, dairy, seafood, cooked starches, etc.) or (e.g. cooking, slicing, mixing, etc.). Vendor rental costs include required fees [non-refundable] for SF Public Health Dept / SF Tax Collector Permit Fee. SF Fire Dept Fees, may be applicable, for GPFC vendors, wherein these fees will be assessed in addition to the costs listed below herein. **MUST Complete and Attach SFDH Application required for Permit.**

LOW HAZARD HIGH HAZARD

10 x 10 Booth / Tent space Cart: 10 x 10 space Other [e.g., 20 x 10] :
LPC: \$346.00 / GPFC: \$476.00 GPFC: \$376.00 GPFC: \$676.00 or TBD: \$

Describe Food Items / [Provide Complete Menu](#) that will be prepared/sold/distributed with [Price List and Attach All](#) or the application will be deemed incomplete and may be subject to be denied:

Whiting, Red Snapper, Oysters, Prawns (\$5.00-\$7.00); Bread Pudding, AppleSauce Cake, and Sweet Potatoe Pie (\$2.50 each or Two for \$4.00)

I agree that I am renting space only at the Northern California Martin Luther King, Jr. Birthday Observance Committee {NCMLKJBOC} celebration on **January 21, 2008 at the Bill Graham Civic Auditorium located at 99 Grove St., San Francisco between the hours of 8:30 a.m. to 5:00 p.m.**; and that my rental space constitutes no endorsement by the Committee of my activities or sales at the celebration, and that the Committee 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, December 14, 2007.** I also understand that the NCMLKJBOC 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 vendor letter and/or implied contract inclusive of verbal/written herein. **RETURN to Jackie Keys-Guidry, M.L.K. Event Coordinator @ 592-59th Street #8, Oakland, CA 94609 BEFORE 6:00 p.m. Friday, DECEMBER 7, 2007.** Spaces Limited, Early reservations recommended. **Those that want to share a booth space, applications must be submitted together with full fee for rental space.** Please Attach and Forward the Signed MLK 2008 Vendor Cover Page with Application.

Vendor Signature: /S/ Ms. Sample Form Dated: 11/06/07

FOR OFFICE USE ONLY

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

Application received via U.S. Mail In Person E-Mail Date Received: _____

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

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

Receipt # _____ Initials: _____ Date: _____

LOCATION: Grove Plaza Food Court {GPFC} Lobby-Polk Corridor {LPC} SPACE ASSIGNMENT No.: _____

Special Notations: _____