



Yarmouth Seaside Festival

October 9–10, 2021 ~ Columbus Day weekend
Joshua Sears Memorial Field, 1175 Route 28 & Wood Road, South Yarmouth MA 02664
www.yarmouthseasidefestival.com ~ 508-778-1008

Dear Potential Food Vendor

Enclosed you will find the Festival Food Vendor application, the Town of Yarmouth Health Department permit application, and also the Yarmouth Fire Department's permit application.

NEW VENDORS: You will need to contact Rhonda at RDDPRWVHDTVHIVWYDOERP prior to sending your application to discuss menu items you would like to bring.

The **FESTIVAL** application can be completed online along with a \$400 **payment via PayPal** or fill out the forms in this pdf and mail with a check by September to: **Yarmouth Seaside Festival, P.O. Box 489, South Yarmouth, MA 02664**

Please fill out the Town of Yarmouth **HEALTH** permit and mail it along with **their fee to the Yarmouth Town Office, 1146 Route 28, South Yarmouth MA 02664, NOT to the Seaside Festival**. There is a deadline for accepting these applications so be sure to take care of this at your earliest convenience. ***This form cannot be completed online.***

The **Yarmouth Fire Department** has asked us to inform you that each food vendor must apply for and receive a safety permit from their department (included in our packet) before any cooking can begin. There is no fee for this permit and you may include the Fire Department permit application with the festival application and we will forward it to them. ***This form cannot be completed online.***

You will also need to call the Fire Station at 508-398-2212 to schedule an inspection time either Friday afternoon before the Festival or early morning the day of the Festival. They will require that a responsible person be present during the inspection.

PLEASE NOTE: No vendor will be allowed to operate a grease-producing device under a tent without a proper mechanical ventilation hood and benefit of a suppression system, so please plan ahead of time.

If you have any questions, please feel free to contact the Health Office at 508-398-2231 ex. 1241, or the Fire Department at 508-398-2212. If you have questions in regards to the Festival, email RDDPRWVHDTVHIVWYDOERP . Thank you for your prompt attention to this. We look forward to seeing you in October.

Sincerely,

Festival Committee



Yarmouth Seaside Festival

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Festival Food Vendor Application

"This privilege is accepted on the condition that all business conducted under the same shall be conducted in accordance with the laws of the Commonwealth of Massachusetts and the rules and regulations established by the Yarmouth Seaside Festival Committee, and in case of any violation of said laws, rules or regulations and particularly Chapter 128 of the general laws of the Commonwealth and the purchaser is prevented from doing business by the State Police or any other duly Constituted Authority, purchaser already been paid, and upon such violation agrees to immediately surrender the grounds or space occupied under this permit and cease doing business, and in consideration of the granting of this permit the purchaser hereby releases, exonerates and **discharges the above named Yarmouth Seaside Festival, its committee, and the Town of Yarmouth of any and all liability for any loss or damage which said purchaser may suffer or sustain either in property damage or personal injuries while on the grounds of the said Festival,** and the said purchaser, by the acceptance of this Permit and in consideration of the granting thereof, covenants and agrees to assume and does hereby assume any and all risk respecting himself, his agents, servants and employees and his or their property, including all injuries, losses or damages sustained by any or all of them while on said grounds; and further, said Purchaser covenants and agrees to assume and does hereby assume all liability and responsibility for all injuries and damages sustained by other persons or firms as a result of negligence and for wrong doing of himself or his agents, servants or employees, or by reason of the distribution of any improper or defective equipment used or the manner in which the same is used, or by reason of distribution of an unwholesome or unfit food or

beverages on the grounds, or by reason of any act or mission where liability therefore occurs; and further the Purchaser covenants and agrees to pay all damages, losses and expenses occurring by reason of the foregoing and to hold said Yarmouth Seaside Festival, its committee, the Town of Yarmouth, **or the Bridgewater State University harmless** and free there from; and the Purchaser does hereby further covenant and agree to provide suitable and satisfactory casualty or liability insurance for the benefit of himself and said Corporation covering his responsibility and liability hereunder and also for the possession and use of all propane gas or other gas on the grounds with minimum coverage limits of \$100,000/\$300,000 for personal injuries and for property damage, along with this application and before entering upon said grounds under this permit, and that failure to do so shall effect cancellation of said Permit. Further, "This contract shall be void of no effect unless the party of the second part shall require compensation for the benefit of and keep insured during the life of this contract such employees (whether under contract of the party of the second part or an independent or subcontractor) as **are required to be covered by the Provisions of the Workman's Compensation Law.**"

You must submit an insurance rider or a copy of your liability insurance certificate with this permit request. You MUST apply for a food service permit from the Town of Yarmouth Board of Health (508-398-2231 ex 1241 before submitting this application (deadline September 1. Per order of the Fire Department a 20 pound fire extinguisher (any combination thereof) must be present at each booth with cooking facilities. They will do an inspection.

Sign and return one (1) copy with required permits and \$400 fee included.

Mail all documents and your check before September 1, 2021 to:

Yarmouth Seaside Festival, PO Box 489, South Yarmouth, MA 02664

Name: _____

Phone: _____

Address: _____

Email: _____

Complete list of items to be sold: _____

(USE BACK OF APPLICATION IF NEEDED) Please inquire if new products are being requested.

ALL TRASH MUST BE TAKEN TO THE DUMPSTERS—DO NOT LEAVE TRASH ON THE FIELD

Please specify type of item(s) that need electricity and amperage: _____

How much frontage space is needed for your set up: _____

If you have any questions, please email Rhonda at rhonda@yarmouthseasidefestival.com



TOWN OF YARMOUTH

1146 ROUTE 28, SOUTH YARMOUTH, MASSACHUSETTS

02664-24451

Telephone (508) 398-2231, ext. 1241

Fax (508) 760-3472

To: Temporary Food Service Applicant

From: Philip Renaud, Health Inspector

Date: March 25, 2021

Subject: 2021 Seaside Festival

Enclosed, please find a temporary food service application and Worker's Compensation Affidavit. Please provide all necessary information (ingredient lists if applicable), sign the documents, and return them to the Health Department at least one (1) week prior to the festival. Any change in food from the prior year must be pre-approved by the Health Department. No food additions will be allowed once the application has been submitted.

If you have any questions regarding the above matter, please feel free to contact me at the Health Office, (508)398-2231, ext. 1241, during business hours of 8:30 a.m. to 4:30 p.m., Monday through Friday.

Thank you for your anticipated cooperation.

PR/maf
enc.



**YARMOUTH BOARD OF HEALTH
 TEMPORARY FOOD SERVICE APPLICATION
 YARMOUTH SEASIDE FESTIVAL**

October 9th and 10th, 2021

Fee \$15.00

Name of Business: _____ Telephone # _____

Business Address: _____ Booth Supervisor _____

Mailing Address: _____

Is business under a non-profit organization? Yes _____ No _____

If yes, name of organization: _____

Is the business new to the Seaside Festival? Yes _____ No _____

ALL NEW VENDORS MUST HAVE PRIOR APPROVAL FROM THE YARMOUTH HEALTH DEPARTMENT BEFORE APPLYING. CALL 508-398-2231, EXT. 1241 FOR APPROVAL.

ALL APPLICABLE ITEMS MUST BE COMPLETED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED. THE COMPLETED APPLICATION MUST BE SENT TO THE HEALTH DEPARTMENT ONE (1) WEEK IN ADVANCE.

List all food to be served (Note: only pre-cooked chicken will be considered) (No Fish or Shellfish allowed):

Food: _____ Supplier: _____

Ice Obtained from: _____

Procedure for keeping potentially hazardous foods below 41° F or above 140° F: _____

Describe hand-washing facilities in your booth: _____

Describe methods for washing and sanitizing cooking utensils: _____

ANY CHANGE IN FOOD FROM THE PRIOR YEAR MUST BE PRE-APPROVED BY THE HEALTH DEPARTMENT. NO FOOD ADDITIONS WILL BE ALLOWED ONCE THE APPLICATION HAS BEEN SUBMITTED TO THE HEALTH DEPARTMENT.

COPIES OF SERVSAFE AND ALLERGEN CERTIFICATES MUST BE SUBMITTED WITH APPLICATION. A food permit from the town that you are located in, and a recent inspection must be submitted with your application.

ALL FOOD MUST BE PURCHASED FROM A LICENSED, APPROVED SOURCE. FOOD PREPARED AT INDIVIDUAL HOMES WILL NOT BE ALLOWED.

FOOD BOOTHS PROPOSING ONSITE COOKING MUST HAVE A 20 BC (if griddles or charbroilers), OR A 40 BC OR 2-20 BC (if fryolators) FIRE EXTINGUISHERS MUST BE AVAILABLE ONSITE PER THE YARMOUTH FIRE DEPARTMENT.

Signature of Applicant: _____ Date: _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:
1. I am a employer with _____ employees (full and/ or part-time).*
2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]
Business Type (required):
5. Retail
6. Restaurant/Bar/Eating Establishment
7. Office and/or Sales (incl. real estate, auto, etc.)
8. Non-profit
9. Entertainment
10. Manufacturing
11. Health Care
12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.
City or Town: _____ Permit/License # _____
Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____
Contact Person: _____ Phone #: _____

PLEASE DETACH THIS INFORMATION SHEET
AND KEEP FOR YOUR REFERENCE.

To ensure proper and sanitary handling of all temporary food service operations and, in accordance with Regulation 105 CMR 590.000 of the State Sanitary Code, the following practices are to be followed:

1. All foods requiring refrigeration must be kept in mechanical units capable of maintaining constant and proper temperatures. Potentially hazardous foods (i.e., meats, eggs, milk products, etc.) must be at 41°F or lower, or at 140°F or higher. Frozen products at 0°F.
2. Thermometers are required for all refrigeration units and freezers as well as a stem-type thermometer capable of checking product temperatures where necessary.
3. Foods and drinks to be clean and wholesome. All food while stored, displayed, and served to be kept under a tent and protected from flies, dust, and other contamination (i.e., individually wrapped or properly covered).
4. Foods and drinks to be dispensed in single service containers. Straws are to be individually wrapped. Condiments (excluding onions and spices) shall be in individually wrapped portions or from adequately covered containers.
5. Ice to be consumed or which will be in contact with food or drink must be obtained from an approved source and stored in a safe and sanitary manner.
6. All food handlers to wear clean outer garments - hair to be effectively restrained. Smoking is prohibited in food service and preparation areas.
7. A handwashing facility comprised of running water and a sink needs to be available for each food vendor that prepares food.
8. All garbage and rubbish to be kept in proper containers and covered with tight fitting lids.
9. A list of ingredients is required on all bake sale items, jams and jellies. The baking/ manufacturing location must be pre-approved by the Health Department and any food prepared at individual homes will not be allowed.
10. All booths/facilities used for temporary food service must be pre-approved and inspected by the Health Department. Booths or facilities that do not meet the standards of 105 CMR 590.000 will not be issued a permit.



The Commonwealth of Massachusetts

City / Town of Yarmouth



Application for Standard Permit

FP-006 (Rev. 1.1.2015)

Return completed application to: _____

Permit Number: _____

City or Town: _____

Date: _____

DIG SAFE NUMBER

Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section _____ application is hereby made

by _____ (Full Name of Person, Firm or Corporation) (Phone Number)

of _____ (Address: Street or P.O. Box, City or Town, Zip Code)

for permission to (state clearly purpose for which permit is requested) _____

Name of Competent Operator (if applicable) _____ Cert. No. _____

Date Issued-rejected _____ By _____ (Signature of Applicant)

Date of expiration _____ Fee _____ Amount Paid \$ _____



The Commonwealth of Massachusetts

City / Town of Yarmouth



FP-006 (Rev. 1.1.2015)

PERMIT

City or Town: _____

Date: _____

Permit Number (if applicable): _____

DIG SAFE NUMBER

Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in _____ this permit is granted

to _____ (Full Name of Person, Firm or Corporation)

for _____

Restrictions: _____

at _____ (Street and # or Describe Location for Adequate Identification)

Fee Paid \$ _____ This permit will expire on _____

Signature of Official Granting Permit: _____ Title _____



This permit must be conspicuously posted upon the premises

