



2017 Concessionaire Application

Waxhaw's Kaleidoscope Fest

"Where the arts kaleid"

Kaleidoscope Fest is about All Things Art from fine art and crafts including woodworking, quilting, painting, pottery, etc., the performing arts like music, dance and theatre, the culinary arts featuring food trucks and chef cook-offs, and even the martial arts. This two-day art-centric event takes place the third weekend in May, and showcases a variety of art mediums in our downtown.

Downtown Waxhaw, NC

Saturday May 20, 2017 10:00am – 6:00pm

Sunday May 21, 2017 12:00pm – 6:00pm

Key Deadlines

Final Application Deadline: April 14, 2017

Final Date for Concessionaire Cancellation & Receipt of Refund: April 21, 2017

Space Assignments will be e-mailed to Concessionaires in early May.

Point of Contact

Waxhaw Events Division

704-843-2195 ext. 221 or 226

events@waxhaw.com

www.waxhaw.com

Application Checklist

(Ensure that all items on this checklist are submitted in your application package)

1. **Application**
2. **Payment**
3. **Union County Health Department Application and Related Payment**
(Make check payable to Union County Health Department. Check will be forwarded to Union County by the Events Division)
4. **If you are a non-profit vendor**, please submit letter stating that all profits will be donated to your non-profit group.
In addition, please submit proof of your non-profit status and Union County Environmental Health Forms.
5. **Certificate of Insurance** naming the Town of Waxhaw as an "additional insured"

What to Expect After Submitting Your Application

1. Once you have submitted your application, you will receive an e-mail if you are approved or disapproved
2. In early May, you will receive an additional e-mail that gives you specific event and set-up information including your space assignment, arrival/departure, maps and more.

If you would like to know the status of your application, please feel free to call the Town of Waxhaw Events Division at 704-843-2195 ext. 221 or 226.



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Concessionaire Information

Business Name: _____

Contact Name: _____

E-Mail Address: _____

Phone Number: _____

Secondary Phone Number: _____

Address: _____

City/State/Zip: _____

Items/Portions/Prices

**** Please provide pictures of your tent/trailer/push cart along with your application for reference purposes****

Type of Vending Unit (Please Mark an "X" Next to Your Desired Choice)

____ Tent ____ Trailer ____ Push Cart ____ Other

****Push carts are defined as an enclosed cart that can be pushed by one person without the aid of a vehicle. If your unit has sides and must be towed by your vehicle, then your unit is a trailer.**

Unit Measurements (Please Fill Out)

Length _____ Width _____ Height _____

**If there is a trailer tongue, what is its length? _____

What side is your serving window on? _____

Can you pre-place your tent/trailer/push cart on Friday? If so, mark "yes" below and you will be called by the Events Division to make arrangements.

_____ Yes _____ No

All spaces are 20 feet x 20 feet in the food court. Spaces on the street are 10 feet x 10 feet. A maximum of three spaces can be purchased within the food court and two spaces on the street.

Fees (Please Mark an "X" Next to Your Desired Choice)

_____ Food Vendor = \$125.00

_____ 20 amp electric = \$15.00

_____ 30 amp electric = \$25.00

_____ 50 amp electric = \$50.00

_____ Non-profit Space = \$50.00

_____ 20 amp electric = \$15.00

_____ 30 amp electric = \$25.00

_____ 50 amp electric = \$50.00

Number of Spaces/Locations Requested (Please Mark an "X" Next to Your Desired Number)

One _____

Two _____

Three _____

Electrical Needs

If you are purchasing a space with electricity, please provide the information below.

What are your electrical needs?

Amps or Watts _____ Type of Plug _____ **(Must Include a Picture of Plug with Payment)**

Total Fee to Be Paid: \$ _____

Returned checks will be charged a \$35.00 processing fee

Payment Information (Please Mark an "X" Next to Your Desired Payment Option)

_____ Cash ****Cash payments may be made, in person, at Town Hall**

_____ Check ****Please make checks payable to the Town of Waxhaw**

**** You may mail your payment to:**

Waxhaw Town Hall

Attention: Events Division

1150 N. Broome Street

P.O. Box 6

Waxhaw, NC 28173

_____ Online Credit Card Payment

****Online credit card payments can be made at:**

<https://heartlandpaymentservices.net/PaymentPortal/TownofWaxhaw/Bills>.

Choose the Events Division button, then select Kaleidoscope Fest from drop down menu on the right. Enter the amount and select method of payment. Follow the prompts to complete your transaction.

Concessionaire Guidelines

1. In addition to your event concessionaire application and fees, submit a separate check for \$75.00 payable to the Union County Health Department and completed Union County Environmental Health application to the Events Division. Check will be forwarded to Union County by the Waxhaw Events Division. All foods will be inspected. Food vendors not having a permit showing them as an approved/qualified food vendor will be excused from the event. This certificate must be in full view during your entire time at the festival.
2. Non-profit food vendors must provide a letter stating that all profits will be donated to the non-profit group. Proof of non-profit status must be attached. A Union County Environmental Health form must be submitted as well.
3. Purchase and maintain during the Event a comprehensive general liability insurance policy in an amount not less than \$2,000,000. Provide a certificate of insurance for the event no less than 30 days prior to the set-up of your area, naming the Town of Waxhaw as an "additional insured".
4. Adhere to North Carolina Fire Prevention Code
5. Provide your own SILENT power source if you have not paid for power
6. Do not sell or distribute any nonfood items.
7. Do not sell or distribute tobacco products or alcoholic beverages, including beer, wine and spirits.
8. Properly handle and dispose of your sewage, wash water, detergents, oil, cooking grease, or other pollutants in the proper way per North Carolina General Statute 143-215.1(a).
9. Arrive no earlier than 7:00am on Saturday unless you have arranged pre-placement on Friday. Arrangements for pre-placement must be made with the Events Division.

Rights Reserved by the Town of Waxhaw Events Division

- The Events Division reserves the right to grant, deny or revoke concession contracts and permits before and during town-sponsored events in Waxhaw
- The Events Division reserves the right to select locations that the Concessionaire will be permitted to sell his/her product
- The Events Division reserves the right to conduct random, unscheduled, inspections of the Concessionaire's vending space/apparatus
- The Events Division reserves the right to order the removal of any item sold or kept for sale for any reason at any time during the event

Concessionaire Agreement

Applicant shall indemnify and hold harmless the Town of Waxhaw, its agents, volunteers, elected officials and employees from and against all losses, costs, damages, expense, and liability caused by an accident or other occurrence in bodily injury, including death, sickness and disease to any persons, or damage or destruction to property, real or personal, arising directly or indirectly from operations, products or services rendered at this event. Applicant agrees to waive, release and discharge the Town of Waxhaw, its agents, volunteers, elected officials and employees, of and from any and all claims, demands, costs, liability and causes of action whatsoever that may arise as a result of participation in this event, including but not limited to, any claims, causes of action, liability, damages, demands and costs related to injury to any of the Applicant's person or property. This waiver and release shall inure to the benefit of Town and shall bind Applicant along with its employees, heirs, legal representatives, assigns and successors in interest of the Applicant or any member thereof.

I, the undersigned, agree to abide by all Guidelines set forth in this application. By signing below, I agree to consider this application a commitment and realize that no refunds will be made for cancellations after the cancellation date as specified in this document.

Signature: _____

Date: _____