



34th Annual My Nana's Best Tasting Salsa Challenge

April 14 & 15, 2018

Sloan Park
2330 W Rio Salado Pkwy
Mesa, AZ 85201

MY NANA'S BEST TASTING SALSA CHALLENGE CHECKLIST

PLEASE SUBMIT ALL OF THE DOCUMENTS LISTED BELOW FOLLOWING APPLICATION APPROVAL BY THE 34th ANNUAL MY NANA'S BEST TASTING SALSA CHALLENGE COMMITTEE

Signed and Dated Salsa Challenge Food Vendor Contractual Agreement Form _____

Copy of Arizona Department of Revenue Transaction Privilege Tax License _____

Copy of Maricopa County Temporary Food Service Permit _____

Copy of City of Mesa Special Events Transaction Privilege Tax License _____

Copy of Certificate of Insurance _____

Complete Menu with Prices Listed _____

Check for Space Fee, Electricity, Extra Admission Passes, and Rented Items paid in full _____

Check for refundable Clean Up Deposit in the amount of \$100. The check will be returned after the Salsa Challenge if the vendor site is satisfactorily cleaned. Vendors are responsible for removing all cooking oil and gray water, and for proper disposal of all trash. _____

Please make checks payable to the Arizona Hemophilia Association and mail with the above items to:

Arizona Hemophilia Association
Attn: Salsa Challenge
826 N. 5th Ave
Phoenix, AZ 85003



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FOOD VENDOR CONTRACTUAL AGREEMENT 2018

The signatures below signify a binding agreement between the Arizona Hemophilia Association, Inc., a 501(c)(3) non-profit organization and presenters of the 34th Annual My Nana's Best Tasting Salsa Challenge and _____ hereafter referred to as "Vendor".

The Vendor agrees to provide their food products for sale at the 34th Annual My Nana's Best Tasting Salsa Challenge on April 14 & 15, 2018 at Sloan Park, 2330 W Rio Salado Pkwy, Mesa, AZ 85201.

1. **HOLD HARMLESS AGREEMENT:** The Vendor named in this contract hereby agrees for itself, its successors and assignees, to indemnify and hold harmless the Arizona Hemophilia Association, from all claims, suits or any other action for personal injuries, including death, and damages to property, real or personal, caused by the Vendor, and/or acts or omissions of the Arizona Hemophilia Association, arising out of Vendor's involvement in the My Nana's Best Tasting Salsa Challenge, and from all judgments and costs incurred in relation to said claims and suits; and, from all expenses incurred in defending said claims or suits. Vendor hereby releases the Arizona Hemophilia Association, all Sponsors and Officials, including their agents and employees, from liability, from any claim it might otherwise have for participating in the My Nana's Best Tasting Salsa Challenge, including but not limited to, any claim for personal injury or physical impairment or other claim of any type, arising out of participation or involvement in this event. Vendor also agrees to indemnify and hold harmless those released above from any such claims, damages, losses and expenses, including attorney's fees, and all court costs.
2. The Vendor agrees to be responsible for completing all city, county, and state tax forms and health permits and paying all required fees. The vendor acknowledges receipt of a copy of the Maricopa County Environmental Service Dept. Food and Beverage Vendor Checklist and agrees to abide by it. Vendor assumes all responsibility for any and all fees or fines that may result from their participation in the event.
3. **CITY OF MESA TEMPORARY PRIVILEGE (SALES) & ARIZONA TAX LICENSES:** Required for all individuals or organizations selling merchandise or services unless said individual/organization is an IRS approved tax-exempt non-profit entity. You are responsible for providing proof of your tax-exempt status, upon request. All other individuals/organizations are required to obtain a Temporary Privilege License, collect City of Mesa sales tax and complete the special return, AND obtain and fulfill the requirements of the Arizona State Tax License.
4. The Vendor further acknowledges that all **SAFETY** and **SITE RULES** must be adhered to. Any deviation from the rules gives the Arizona Hemophilia Association the right to remove the Vendor at any time without a refund. Safety Rules and Regulations (copy available to registered organizations), if applicable, apply to all individuals or organizations participating in the My Nana's Best Tasting Salsa Challenge. Safety Rules and Regulations include, but are not limited to, the following:
 - A. **NO** firearms or drugs are permitted on City property.
 - B. **NO** vehicles other than permitted carts and vehicles, with written permission, from the Salsa Challenge Committee are allowed on any field, before, during or after the event, with the following exceptions, which are applicable **ONLY** during scheduled Friday set up and Saturday tear down periods. More information about set up day, parking & load-in will be forthcoming.
 - C. If you hire employees from a temp agency, you must meet them at the gate or give them their passes ahead of time. Please make sure they know the name of the vendor and where to report.
 - D. No dogs are permitted on the premises, with the exception of service animals.
5. The Salsa Challenge Committee requires that all of our vendors show the **Arizona Hemophilia Association** as an **additional insured** on their liability policies and provide such a **certificate of insurance** to the Salsa Challenge Committee. If you cannot or do not wish to comply, please do not submit your application.



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6. The Vendor is required to set up the day before their committed date. The Salsa Challenge is open from 10am to 6pm on Saturday, April 14, 2018 & from 10am to 4pm on Sunday, April 15, 2018. Vendor tear down will not be allowed until 30 minutes after the end of each day. The Vendor is responsible for ensuring that all tents and property are properly secured in case of inclement weather.

7. The Vendor acknowledges that **NO OUTSIDE BEVERAGES OF ANY KIND MAY BE SOLD BY FOOD VENDORS WITHOUT PRIOR APPROVAL OF THE SALSA CHALLENGE COMMITTEE.** Water and soft drinks **MAY NOT** be sold by Vendor.

8. The Vendor agrees to abide by the contractual space dimensions applied for on Page 1 of the Application and approved by the Salsa Challenge Committee.

9. Vendors requiring electric power will be charged a \$100 fee for power during the hours that the My Nana's Best Tasting Salsa Challenge is open on Saturday. **You may use your own generators for OVER NIGHT USE ONLY.**

10. All Vendors requiring rental tents must rent them through the Arizona Hemophilia Association immediately following application approval.

11. Vendor is responsible for **REMOVING ALL COOKING OIL AND GRAY WATER** and ensuring that all trash is properly disposed of before leaving the grounds on Saturday, April 14 and/or Sunday, April 15.

12. **ALL VENDORS THAT COOK USING DEEP FRYERS ARE REQUIRED TO POSSESS A CLASS K FIRE EXTINGUISHER AT ALL TIMES DURING THE EVENT.** Fire extinguishers will be inspected by the City of Mesa Fire Department.

13. **PHOTO RELEASE:** The undersigned does hereby give consent to the Arizona Hemophilia Association and assignees to take photographs, make audio recordings and/or video graphs of myself and/or my organization at the My Nana's Best Tasting Salsa Challenge and to use such photographs, audio recordings and/or video graphs for such promotion, publicity or other lawful purpose as the Arizona Hemophilia Association deems appropriate. I/we further waive any rights or claims as to content approval or damages that I/we may have for use of these reproductions.

14. All Entrants to the facility will wear the proper wristband, pass or have the tickets that are specified for the day. All Vendors will be assigned one parking space in the vendor lot. Wristbands, parking passes and other pertinent information will be mailed to the Vendors in late March 2018.

15. In consideration of the above, the Arizona Hemophilia Association will provide the vendor with space for their sales area, use of trash receptacles, and restrooms. All Vendors must properly dispose of trash before leaving the grounds.

We the undersigned understand the terms of this agreement, and possess and exercise the authority to enter this agreement.

COMPANY _____

ARIZONA HEMOPHILIA ASSOCIATION

PRINTED NAME _____

PRINTED NAME _____

SIGNATURE _____

SIGNATURE _____

DATE _____

DATE _____