

Contact:

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2024 Bluemont Fair Food Vendor Application

Please read the 2024 Bluemont Fair Food Vendor Information Sheet before completing the application.

Business Name*:			
Contact Name*:			
Address*:			
Phone	e*: Cell Home/Work		
Email*:			
Website:			
Setup Date and Time*:			
Vendor Category: Please see instructions for definitions and fees.			
	Food Concessionaire		
	Specialty Foods		
Service Type:			
	Tent and table		
	Food Truck with or without table		

	Other			
Equipment: Please check all that apply:				
	Generator (must be quiet)			
	Tables and chairs for customers			
	Open-air grill or other cooking appliance, please indicate:			
Menu Items including drinks. Please list or attach a separate page. Also indicate any items that consist primarily of foods grown or raised within a 125-mile radius of Loudoun County.				
	Item	Local Y or N		

same locati	erred Location: In most circumstances returning vendors will be located in the space that they were in last year (WIWLY). I will notify you personally if a change in on is anticipated. The fair reserves the right to locate vendors at their discretion. ever, requests for particular locations will be considered.
1st C	hoice:
2nd (Choice:
Food by the Permi Virgin those partic spoor	th Department Fees and Regulations: Please read the enclosed Temporary Guidelines and Information Packet. All vendors serving prepared foods are required e county to be in compliance with their regulations and submit a Temporary Food it Application. Specialty Food vendors selling items that are regulated by the ia Department of Agriculture or the United States Department of Agriculture or specifically exempted from VDACS inspection are required to submit a notice to cipate. Sampling of any items that are prepared with a utensil such as a knife or nor the use of non-bottled water still require adherence to the hygiene practices and in the Temporary Food Guidelines Information Packet.
Proo	f of Payment: All applications must include one of the following:
	Copy of receipt showing payment to a VA county or city health department in the 2024 calendar year. Copy of license for mobile food or permanent restaurant operation in VA. Check for \$40.00 made payable to VDH if you do not have a permit.

Do not send your Health Department Temporary Food Application and Proof of Payment to Leesburg. Enclose them with your Bluemont Fair Food Vendor Application, as the fair must submit them as a group.

Liability Insurance

Please ask your insurance provider for a Certificate of Liability Insurance (COI), showing proof of your coverage for our event. **Coverage should be a minimum of \$1M per occurrence/\$2M aggregate.** It should list the Bluemont Citizens Association as Certificate Holder, at the following address:

Bluemont Citizens Association PO Box 217 Bluemont, VA 20135

	Pr Fees: Please read the information sheet to determine if you have calculated appropriately.
	s the total length of your mobile food unit (to include tongue) or your tent? Ft.
-	ces are 12' x12'. If your unit/tent is longer than 12' you must request the priate number of extra spaces.
I will ne	eed spaces.
Food C	oncessionaire: spaces x \$200.00 = \$
Special	ty Food: space x \$125.00 = \$
Final (Checklist: All items must be included to receive a notice of acceptance.
	Check made out to Bluemont Citizens Association (BCA) Alternatively, please indicate if you would prefer to pay with credit card.
	2024 Food Vendor Application (this form)
	LCHD Temporary Food Establishment Application and/or Notice to Participate at Include proof of payment and/or exemption documentation.
By sign	Certificate of Liability Insurance (COI) ing this form you state that you have read and agree to all the terms and ons in the Food Vendor Application Package for the 2024 Bluemont Fair.
Signatu	ure
Date	