

★ 3rd Annual Dental Festival ★

FOOD TRUCK VENDOR AGREEMENT

Food Truck Name: _____

Contact: _____

Business Mailing Address: _____

Phone: _____ Cell: _____

Email: _____

Website: _____

Person(s) working the event: _____

Event Specifics:

Saturday, July 21, 2018

St. Joseph Medical Plaza

2101 Crawford St. (Parking Lot)

Houston, TX 77002

11:00am-3:00pm

Arrival & Departure Time

I confirm that the food truck listed above will arrive between 9:00am-10:00am (based on the final load in procedures) at the event location listed above. Set up must be completed by 10:45am. All food truck vendors are required to remain open until 2:45pm but cannot exit the premises until after 3:00pm. All vehicles must be removed from the event site no later than 6:00pm day of the event.

Initial Here To Confirm: _____

Setup Procedures

I confirm that 100% of our operating materials will remain inside of our vehicle at all times (power, water, waste, & all cooking must occur within your vehicle). Water & electricity cannot be provided to any of the vendors. This requirement must be met due to the limited space in this environment.

Initial Here To Confirm: _____

Fire Marshall Requirements

All vendors must have a minimum of 1- 2A10BC (red) extinguisher and 1 "K" (silver) extinguisher, with a current inspection tag. The "K" is required if they are cooking anything that produces grease laden vapors.

Initial Here To Confirm: _____

Payment

The vendor payment of **\$75 is non-refundable** and must be submitted along with requested documents at least 48 hours prior to the event. You can pay online at www.dentalfesthouston.com using the Pay Now link under the Food Vendor section on the event website.

Initial Here To Confirm: _____

Insurance:

Food trucks must supply a certificate of insurance naming Dental Fest Houston as additionally insured subject to a combined single limit of at least \$1,000,000 each occurrence and \$1,000,000 in the aggregate for bodily injury and property damage with regard to use at 2101 Crawford St. Insurance certificate is required at least 24 hours prior to the event

Initial Here To Confirm: _____

Arrival

Once you arrive on site you will be directed by a project coordinator where to park your vehicle and begin set up operations. All set-up must be completed by 10:45am.

Initial Here To Confirm: _____

Documents to be provided

Please submit the following documents w/ your agreement for review.

- ____ Business Tax License
- ____ Certificate of Liability Insurance
- ____ Food Safety Certificate
- ____ Photos of the Truck (please include dimensions if possible)

Event Contact

If you have any questions please contact:

Shunda Edwards, 713-530-0622, or email: dentalfesthouston2018@gmail.com or **Landell Mayo**, 225-573-3336 or email: code.blahk@gmail.com

I have read and understand all of the event information and guidelines, agree to comply with the requirements and commit to paying the \$75 non-refundable vendor fee for my participation. I agree to accept personal responsibility for any personal injury, property damage, loss or other harm, suffered by myself or otherwise due to my participation in the event. Further, I shall indemnify and hold harmless Dental Fest Houston and Houston Medi-Dent against all suits, claims, demands, and losses including costs, expenses and attorney’s fees incurred as a result of any action or omission, neglect or misconduct of the Food Truck/Vendor.

Signature: _____ Date: _____