



# "July in the Sky"

DOWNTOWN ROCKVILLE / VERNON

## 2015 VENDOR APPLICATION

Event date: Wednesday, July 1<sup>st</sup> - 6:00pm Rain dates: Thurs. July 2<sup>nd</sup> then Fri., July 3<sup>rd</sup>



NOTE: In accordance with Town of Vernon Ordinances 188 & 237 the above event has been designated as a "Community Event" by the Vernon Town Council and as such all vendors must adhere to the guidelines of the ordinances in order to vend within the designated event site(s).

### DOWNTOWN ROCKVILLE EVENT SITE REGISTRATION CONTACT:

Tom DiDio: 860-380-7104 EMAIL: [thomas.didio@snet.net](mailto:thomas.didio@snet.net)

### VENDOR INFORMATION:

All perspective vendors must fill out the below form in its entirety. This form must be sent to vendor chairman for review. Submission of this application and proof of the necessary permits does not automatically entitle you to vend within the designated event sites for this event. You will be notified if your request to vend has been accepted by June 17, 2015. If your application is not accepted your application to vend, fee will be returned to you within 30 days.

Name of Applicant: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

\*Description of ALL goods or food desired to be sold: \_\_\_\_\_

*\*The Event Committee. has the right to limit duplication of products sold by multiple vendors. Failure to comply with this request may mean forfeiture of your privilege to vend and your permit will be revoked for this event.*

### REGISTRATION FEE:

- Free: Organization Information Booth
- \$ 25.00: Small business, home crafters
- \$200.00: Food vendor per location
- \$250.00: Novelty vendors per location/cart

A space will be reserved and designated when registration form and fee is received and accepted by the Event Director. All booths must provide their own equipment, tables, chairs, etc. All booths are responsible for their own clean up and haul out.

A temporary food service application must be submitted to the Health Dept. by June 17

**SET UP and BREAKDOWN:**

Set up begins no earlier than 4:00 p.m. and must be fully set up no later than 6:00 p.m.  
Breakdown can begin no earlier than 10:00 p.m. and must be accomplished no later than 11:00 p.m.

**PERMITS**

**Vendor & Hawker Permit:**

These permits can be obtained at:  
Vernon Police Department, 725 Hartford Tnpk. Vernon, CT  
Phone: 860-870-9126 x5, Fax: 860-870-7249.

**You cannot conduct business without permit**

**Note:** A \$25 fee applies per organization. This has been reduced from \$25 per person!

**Health Department Permit:**

Must be obtained prior to submission of this application. This permit can be obtained at the North Central District Health Department, 375 Hartford Turnpike, Vernon, CT.  
Phone: 860-872-1501, Fax: 860-872-1531.

**You cannot conduct business without permit**

**Note:** A special reduced rate of \$50 has been established for this event. \$25 per additional location. \$25 per location for non-profit organizations. NCDHD licensed vendors must still fill out the application (but no fee charged) Applications available on line @ [www.ncdhd.org](http://www.ncdhd.org).

**SEND HEALTH DEPARTMENT PERMIT APPLICATION TO:**

Brian Bielewicz, Food Inspector  
North Central District Health Department  
375 Hartford Turnpike  
Vernon, CT 06066

**SEND VENDOR APPLICATION & PAYMENT TO:**

Rockville Community Alliance c/o  
112 Box Mountain Drive  
Vernon, CT 06066

CHECK PAYABLE to: ***Rockville Community Alliance***

**AGREEMENT:**

I, \_\_\_\_\_ representing the following business or non-profit  
(Name of applicant)

Organization \_\_\_\_\_ have read and understand the above guidelines regarding the procedure for application to vend as well as the guidelines outlined in Ordinances 188 & 237.

\_\_\_\_\_  
Applicant's signature Date of application

**\*\*Make sure to include the following with this application:**

- Completed application       Check payable to Rockville Community Alliance

For Vendor Chairman's use only: Date rec'd: _____ Payment: \$ _____ Check # _____ ( ) M.O. ( ) Cash _____ RCA contact initials: _____ Application: ( ) Accepted ( ) Denied Space/location assignment: _____ Type of product/food allowed to vend: _____
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