



Endless Summer Waterfront Festival 2021

Saturday, September 25, 2021 Noon – 5:00 pm (rain date Sunday)

Restaurant Application DUE August 20, 2019

(\$25 late fee additional for all applications received after this date)

Business Name: _____

Contact Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____ Fax: _____

Email Address: _____ Website Address: _____

- **HNCC Member: One 12 x 12 space for \$100 paid in full by August 14, 2021 (\$125 after 8/25)**
- **Non-Chamber Member (subject to approval): One 12 x 12 space for \$200 paid in full by August 14, 2021 (\$225 after 8/25)**
- **All participants: Additional space(s) at \$100 per space. Indicate # of additional spaces requested (if available): _____**

Total Enclosed: \$ _____

NOTE: Your entire rig MUST fit within your purchased space. Measure your set-up and get two spots if necessary!

Do you need electricity? Yes No NOTE: We would prefer if you could use propane or other methods to alleviate burdens on our electrical system. **It is your responsibility to secure your cooking area from event visitors at all times.** Heavy duty equipment, i.e., microwaves, industrial blenders, induction cookers, etc., will likely blow the system's fuses and therefore are not recommended for use at the festival.

HULL BOARD OF HEALTH REQUIREMENTS: You must have an **active license** for serving food in the Town of Hull or supply the Hull Board of Health with a license from the town you operate in **two weeks** prior to the event. All certifications for 'Serve Safe' and 'Allergy Awareness' must be up to date and provided with your application if you are from out of town. If you are currently licensed in town, the Board of Health will have all your certificates and no further action is required. If you are an out-of-town vendor, you must complete and submit page two of the application along with any required Board of Health fees. Questions about this aspect may be directed to ebarone@town.hull.ma.us or by calling 781-925-2224.

Complete description/list of items to be available at the festival (including gift certificates). This may be published on the event website and/or printed documents to be available at the event:

Spaces are assigned based on the date the completed application and applicable fees, if any, are received. HBCC members and sponsors have priority space consideration, however, **WE DO NOT GUARANTEE SPECIFIC SPACE REQUESTS FOR ANYONE.**

It is hereby agreed that (print your name) _____ holds the Hull Nantasket Chamber of Commerce, the Massachusetts Department of Conservation & Recreation, and the Town of Hull harmless from any liabilities incurred on the festival premises. **It is your responsibility to carry your own insurance** in the event that someone is injured by your belongings or suffers any kind of injury or illness due to your products. If you do not carry insurance, you may be held personally responsible for all litigation brought forth by any party.

Booth space cannot be divided, sublet, or leased to any other party. It is not interchangeable. Your signature confirms your agreement to all of the terms of the vendor rules and this application.

Securing of Tents: Our event is held along the Atlantic Ocean and unpredictable high wind gusts can occur at any time. **YOU MUST SECURE YOUR TENT** prior to the start of the event. If we find your tent is not in compliance with this most important rule, we will have your tent removed without refund. You will however be able to continue to sell or present at the festival as long as your remaining tables, chairs, banners, etc., are secure and safe.

As a participant of this Chamber sponsored event you are an ambassador for your business, the Hull Nantasket Chamber of Commerce, and the community of Hull. The HNCC requires that during this event, you act in a professional and courteous manner towards organizers, fellow participants, and patrons. Failure to meet this requirement can and will result in exclusion from the event.

Signature of applicant: _____ Date: _____

Return this form as soon as possible, with check or money order, to: Hull Nantasket Chamber of Commerce, P.O. Box 140, Hull, MA 02045
You may also pay by credit card. Contact Renee at info@hullchamber.com to be emailed an online invoice.



Town of Hull

BOARD OF HEALTH 253 ATLANTIC AVE., HULL, MA 02045

Application for Permit to Operate a Food Establishment

Date _____

Name of Establishment _____

Business Address _____ Bus. Phone# _____

Mailing Address (if different) _____

Name & Title of Applicant _____ Cell Phone _____

Address of Applicant _____ Email address _____

Emergency Response Person: Name: _____ Phone: _____

If corporation or partnership, give name, title & home address of officers or partners.

Name _____ Title _____ Address _____

If Restaurant: Number of Seats _____ Attach copy of Serve Safe & Allergen Awareness Certificates

<u>Type</u>	<u>Check</u>	<u>Fee</u>	<u>Type</u>	<u>Check</u>	<u>Fee</u>
Food Service	<input type="checkbox"/>	** _____			
** 0-19 seats: \$50.00 20-50 seats: \$75.00 51-99 seats: \$100.00 100+ seats: \$125.00					
Retail Food	<input type="checkbox"/>	50.00	Frozen Dessert	<input type="checkbox"/>	40.00
Milk/Cream	<input type="checkbox"/>	10.00	Residential Kit.	<input type="checkbox"/>	50.00
Caterer	<input type="checkbox"/>	100.00	B & B	<input type="checkbox"/>	100.00
Mobile Food	<input type="checkbox"/>	100.00	Tobacco	<input type="checkbox"/>	100.00
One Day Permit		10.00			

Total Due _____

Person trained in Anti-Choking Procedures (if 25 seats or more): Yes _____ No _____

Generator on site Yes _____ No _____

Days & Hours of Operation _____

Dates of Operation if not Annual: _____ Annual _____ Seasonal _____

Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Applicant

Signature of Individual or Corporate Name

Signature of Applicant

Signature of Individual or Corporate Name