



# Oregon's Largest Culinary Event!

LABOR DAY WEEKEND - SEPTEMBER 1-4  
PORTLAND ROSE QUARTER

Friday, Saturday, Sunday 11 am – 10 pm & Monday 11 am – 6 pm

## 2017 VENDOR APPLICATION RESTAURANT/DESSERT/FOOD CART

APPLICATIONS AND 50% DEPOSIT DUE MONDAY, APRIL 17<sup>TH</sup>

### Please submit application and payment to:

The Bite of Oregon c/o Special Olympics Oregon

5901 SW Macadam Ave, Suite 200

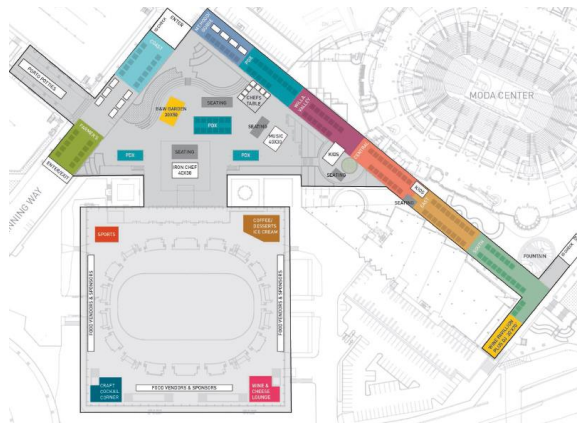
Portland, Oregon 97239

Credit card payments can be made by phone at 503-248-0600

### Only completed applications with the following, submitted by due date, will be accepted:

- Deposit, Banner fee (if applicable)
- Menu with pricing in compliance
- Signature and initials on Service Agreement section
- Copy of Insurance

**PLEASE NOTE:** Your application and payment will be processed as soon as received. The culinary committee will review applications based on the date received, menu, pricing, space available, operations requirements and reputation with the Bite of Oregon. If you are not accepted, your payment will be refunded. Past participation does not guarantee acceptance.



## BOOTH INFORMATION

**BOOTH:** Full Booth, Half Booth, Dessert Booth will include canopy (side walls optional), flooring, exterior banner\* installation by event staff (\*see banner costs in Service Agreement section).

**SIGNAGE** - All vendors must comply with signage guidelines. Restaurant and Dessert vendors will have Bite branded banners printed with their names (logo optional), Half booth/10' banners - \$150; Full Booth/20' banners - \$250 to be paid with booth deposit.

**ELECTRICITY:** One (1) 20 amp 110v. If you require more than the provided hook-up you must contact the electrician directly for additional needs and will be responsible for any additional costs.

**SANITATION:** Use of any of the sanitation stations with three-compartment sinks for ware washing and potable water.

**TABLES:** Full Booth - two (2) 8' table, Half & Dessert Booth – one (1) 8' table, topped and skirted. For additional tables you must contact the decorator directly and will be responsible for any additional costs.

**SECURITY:** There will be 24hr roaming security Wednesday prior to Tuesday after the event. Valuables should be removed at night. The Bite will not assume responsibility for lost or stolen items.

## GENERAL INFORMATION

BOOTH NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ DBA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

CONTACT (full name): \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

ON SITE CONTACT PERSON: \_\_\_\_\_ ON-SITE PHONE: \_\_\_\_\_

COMPANY WEBSITE: \_\_\_\_\_

FACEBOOK PAGE: \_\_\_\_\_

BUSINESS NAME ON INSURANCE POLICY: \_\_\_\_\_

INSURANCE COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**BOOTH: (CHECK ONE)**     **Restaurant**     **Dessert**     **Food Cart**

**Full Booth:** One 20'x20' canopy - \$1800 (\*50% deposit of \$900 due with application)

**Half Booth:** One 10'x20' canopy - \$1200 (\*50% deposit of \$600 due with application)

**Dessert Booth** (option for Dessert vendors only): One 10'x10' canopy - \$800 (\*50% deposit of \$400 due with application)

***All Booths: Side walls optional, exterior banner installation by the Bite Ops Team.***

**Food Cart fee:** \$1250 (\*50% deposit of \$625 due with application)

**BANNERS** (Restaurant and Dessert vendors only):

**Half Booth Banner:** 10' banner, \$150 (full amount due with application)

**Full Booth Banner:** 20' banner, \$250 (full amount due with application)

Please indicate amount paid: \$\_\_\_\_\_ Method of payment:  **Check** OR  **Credit card**

***\*If accepted, remaining BALANCE DUE on or before **Monday, May 15th.*****

- If you withdraw your application by **May 1st** your deposit will be refunded less a \$200 cancellation fee. **NO REFUND** for withdrawals made after **May 1st**. If you are not accepted your booth fee/deposit will be refunded.

For internal use only:

Booth #		Booth Size		Total Due		Deposit Rec'd	
Balance Due		Invoiced		Final Pmnt Rec'd			
Menu Apprvd		Signed Menu Rec'd		Cert of Ins		OPS Q'aire Rec	
Health Permit							

Notes:

## MENU INFORMATION

**IMPORTANT:** Please list your proposed menu items and include prices for all items.

- **Please note: You may have no more than one (1) item on your menu listed at \$8.00, ALL other items must be less than \$8.00 by at least \$.50 increments. Smaller plates/portions ENCOURAGED.**
- **All food vendors are REQUIRED to serve at least (2) small plate portions “BITES” at \$4.00.** You may be asked to remove or modify items from your menu if they are not approved by the culinary committee or on-site per non-compliance agreement.

Please indicate any food items that are vegetarian (**VEGT**), vegan (**VGN**) or gluten free (**GF**) so we may add that information in the festival guide.

MENU ITEM #1 _____	PRICE _____
MENU ITEM #2 _____	PRICE _____
MENU ITEM #3 _____	PRICE _____
MENU ITEM #4 _____	PRICE _____
“BITE” MENU ITEM #1 _____	PRICE <u>  \$4  </u>
“BITE” MENU ITEM #2 _____	PRICE <u>  \$4  </u>

*Additional items please include on a separate sheet*

**This Service Agreement is made and entered into by and between Special Olympics Oregon, Inc., hereinafter referred to as “SOOR”, whose address is 5901 SW Macadam Ave., Suite #200, Portland, Oregon 97239, and**

Here in after referred to as "Vendor" for The Bite of Oregon, occurring September 1-4, 2017 at The Rose Quarter in Portland Oregon, here in after referred to as the “Event”. SOOR and Vendor agree as follows:

**1. Booth Fees** - Fifty percent (50%) of the booth fee MUST be paid at the time of submission with balance due in-full by May 15th to reserve your on-site participation and include your business in the Bite marketing elements.

VENDOR INITIALS \_\_\_\_\_

**2. Commission Fees** - The Event is moving from a cash only event, therefore on site credit card payments with total sales reporting is required. Programs such as Square, Blackbaud, or any credit card merchant vendor are allowed, but all sales (cash and credit) must be run through the system and nightly reports emailed to [finance@soor.org](mailto:finance@soor.org). **Restaurant, Dessert and Food Cart Vendors:** 20% of gross sales commission fees will be collected on site nightly.

VENDOR INITIALS \_\_\_\_\_

**3. Menu Compliance of minimum (2) “BITE” items listed at \$4.00** - Vendor agrees to supply at least (2) “BITE” items to maintain a consistent price and tasting option across the event that will be used in all marketing of the event.

VENDOR INITIALS \_\_\_\_\_

**4. Signage** - All vendors must comply with signage guidelines. Restaurant and Dessert vendors will have Bite branded banners printed with their names (logo optional), 10’ banners - \$150; 20’ banners - \$250 to be paid with application.

VENDOR INITIALS \_\_\_\_\_

**5. Food Vouchers** - As a food Vendor, a component of your participation includes agreeing to accept (30) \$5.00 meal vouchers, produced by the Bite, which will be used to help feed the most deserving of our nearly 1,000 Bite of Oregon volunteers. Failure to accept vouchers could result in a financial penalty.

VENDOR INITIALS \_\_\_\_\_

**6. Equipment** - Vendor agrees to bring or rent any and all necessary equipment for the Bite at his or her expense. Vendor will provide a list of all cooking and other powered equipment, showing operating voltage/amperage or the type of fuel used (i.e. PROPANE ONLY) by **WEDNESDAY, JULY 12<sup>TH</sup>**.

VENDOR INITIALS \_\_\_\_\_

**7. Mandatory Use of Compostable Service Ware** -The Bite of Oregon requires the use of compostable service ware by all vendors on site and who will be able to purchase this service ware from our exclusive provider, Food Services of America, prior to and on site at the event.

VENDOR INITIALS \_\_\_\_\_

**8. Term and Termination** - This Agreement shall commence upon execution by both parties and shall terminate upon the fulfillment of both parties' obligations hereunder with respect to the event.

VENDOR INITIALS \_\_\_\_\_

**9. Indemnification** - Each party (the "Indemnifying Party") agrees to indemnify, defend and hold harmless the other party (the "Indemnified Party") from and against any loss, claim, liability, damage, costs or expense of any kind (including reasonable attorneys' fees) which arise out of any actual or alleged acts or omissions by the Indemnifying Party, its employees, agents and representatives.

VENDOR INITIALS \_\_\_\_\_

**10. Insurance and Additional Insured/Release and Waiver/Assumption of Risk** - Vendor agrees to maintain its own insurance policy for Comprehensive General Liability Insurance in the amount of \$1,000,000 per occurrence and aggregate during the term of the Event. The Comprehensive General Liability Insurance policy shall name Special Olympics Oregon, Inc. as additional insured. Vendor shall submit this certificate of additional insured to SOOR as a component of its registration materials.

VENDOR INITIALS \_\_\_\_\_

**11. Auto Liability Insurance** - Vendor agrees to maintain Auto Liability Insurance, which is to include non-owned auto liability for vehicles used in their operation as respects to the event.

VENDOR INITIALS \_\_\_\_\_

**12. Workers Compensation** - Vendor maintains that applicable Workers Compensation Insurance required by law will be in force during the term of this agreement for all of its employees working at the Event.

VENDOR INITIALS \_\_\_\_\_

**13. Attorney Fees** - If any arbitration, suit, or action is instituted to interpret or enforce the provisions of this Agreement, to rescind this Agreement, or otherwise with respect to the subject matter of this Agreement, the party prevailing on an issue will be entitled to recover with respect to such issue, in addition to costs, reasonable attorney fees incurred in the preparation, prosecution, or defense of such arbitration, suit, or action as determined by the arbitrator or trial court, and if any appeal is taken from such decision, reasonable attorney fees as determined on appeal.

VENDOR INITIALS \_\_\_\_\_

**14. Compliance** - If a Vendor fails to comply with any of the items as listed SOOR can revoke your participation without a refund.

**I, an authorized company agent, agree to the terms and conditions outlined above.**

Vendor: \_\_\_\_\_

Signed: \_\_\_\_\_ Name/Title: \_\_\_\_\_