

RADNOR TOWNSHIP PARKS & RECREATION DEPARTMENT PROUDLY PRESENT...

8TH ANNUAL



WHEELS OF WAYNE



SUNDAY, MAY 15, 2022

Rain Date: Sunday, May 22, 2022

1:00 to 3:30 PM

All vendors welcome - food, products, services, and more!

This event taking place in Downtown Wayne includes entertainment, food, and more!

Official Vendor Application

***FOOD VENDORS: \$150.00 • OTHER VENDORS: \$50.00**

***Food vendors participating in either the Pulled Pork or the Pizza Contests will receive a discount - cost will be \$50 instead of \$150!**

****All vendors will get a 10x10 space. **unless negotiated otherwise**

(Food Vendors must complete this form AND required Temporary Food Vendor Application)

Space is limited to a first come, first served basis; vendors are subject to placement on North Wayne OR West Avenues. Checks should be made payable to Radnor Township. **Registrations will be taken until we have reached maximum capacity.** All details are subject to change.

Contact the Recreation Department (610-688-5600) for opportunities to waive the vendor fee!

Business Name _____ Type of Business _____

Event Day Contact Name _____ Phone _____

Email (more information about event details will be sent) _____

Business Address _____

City _____ State _____ Zip _____ Phone _____

Website _____ Fax _____

Product(s): _____

Please check off any boxes below that apply to your set-up on the day of the event:

- | | |
|---|--|
| <input type="checkbox"/> I need access to power | <input type="checkbox"/> I require a footprint larger than 10 x 10 |
| <input type="checkbox"/> I plan on bringing a pop-up tent (must be weighted down) | <input type="checkbox"/> I would prefer to be on West Avenue |
| <input type="checkbox"/> I have my own table/chairs for the event | <input type="checkbox"/> Other: _____ |

FOOD VENDORS: Would you like to participate in our Pulled Pork or Pizza Contests? ☐ Pork ☐ Pizza

PERMISSION STATEMENT & LIABILITY RELEASE I, the undersigned, agree to participate in all aspects of the above event, and I understand and assume all of the risks of my participation in this event. I certify that I am in good health and am able to attend and participate in this program/trip and I hereby acknowledge that my participation may involve a risk and the possibility of injury, disability and/or death.

In consideration of the being permitted to participate in the above event, I hereby, for myself, my heirs, executors, administrators, and assigns forever remise, release, discharge, indemnify, and hold harmless Radnor Township and its successors and assigns, directors, officers, members, agents and representatives and employees, and their heirs, executors, administrators, assigns, from any and all manner of actions, causes of action, suits, debts, accounts, controversies, damages, claims and demands whatsoever, which I or my legal representative may have or may acquire against Radnor Township or its directors, officers, members, agents, or other representatives, by reason of any loss resulting from personal injury or damage to any personal property belonging to me, which may occur during or by reason of my participation in this program/trip.

I agree that Radnor Township shall have the right at its discretion to enforce established rules of conduct and/or terminate my participation in this event for failure to follow these rules of conduct, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the event as a whole.

I hereby grant Radnor Township and any of its directors, officers, members, agents, and other representatives, full authority to take whatever action they consider to be warranted regarding my health and safety, and I fully release all of them from any liability for such actions taken on my behalf.

Signature _____ Date _____



DELAWARE COUNTY HEALTH DEPARTMENT

APPLICATION FOR TEMPORARY FOOD LICENSE

LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON

Please print legibly (applications that are not legible will be returned)

Application and Fees for Temporary Events must be submitted 3 weeks prior to the scheduled event.

Date Submitted: _____

Name of Event: _____

Date(s) Event: _____

Location of Event: _____

Number and Street Name _____

City _____ State _____ Zip Code _____

Time of the Event: _____

Event Set-Up Time: _____ Event Breakdown Time: _____

Event Inspection Time: _____

Corporation/Organization: _____

Corporation Phone: _____

Applicant Name: _____

Email/Phone _____

Name of Event Coordinator: _____

Telephone No.: _____

On-Site Preparation: ☐ Outside Tent: ☐ Indoor Booth:

☐ Mobile Truck/Trailer - Tag No. & State _____

Off-Site Preparation (Facility Name and Address): _____

Water Supply: _____

Waste Water Disposal: _____

I hereby certify that the above information is accurate and complete:

Signature of Applicant: _____



DELAWARE COUNTY HEALTH DEPARTMENT

APPLICATION FOR TEMPORARY FOOD LICENSE

A. FOOD/EQUIPMENT

Printed Name _____

1. Please list your menu items: _____

2. What type of temporary food service facility will you be operating at the event? Check all that apply:

☐ Enclosed trailer ☐ Outdoor Stand ☐ Indoor Kitchen ☐ Other (specify) _____

3. Will there be access to public water? _____

4. Will you have access to electricity? _____

5. Will food be prepared off site? _____ Yes _____ No

**** If yes, please provide copy of current Commissary License and most recent Inspection Report.**

7. How will cold foods be kept at 41 degrees F. or below?

☐ Refrigerator ☐ Insulated Cooler ☐ Other (specify) _____

8. What equipment will you use to cook food? Check all that apply:

☐ Grill (gas, charcoal or electric) ☐ Oven ☐ Other (specify) _____

☐ Fryer ☐ Microwave _____

9. How will prepared foods be kept at 135 degrees F. or higher?

☐ Steam Table ☐ Chafing Dish/Sterno ☐ Other (specify) _____

☐ Roaster ☐ Grill _____

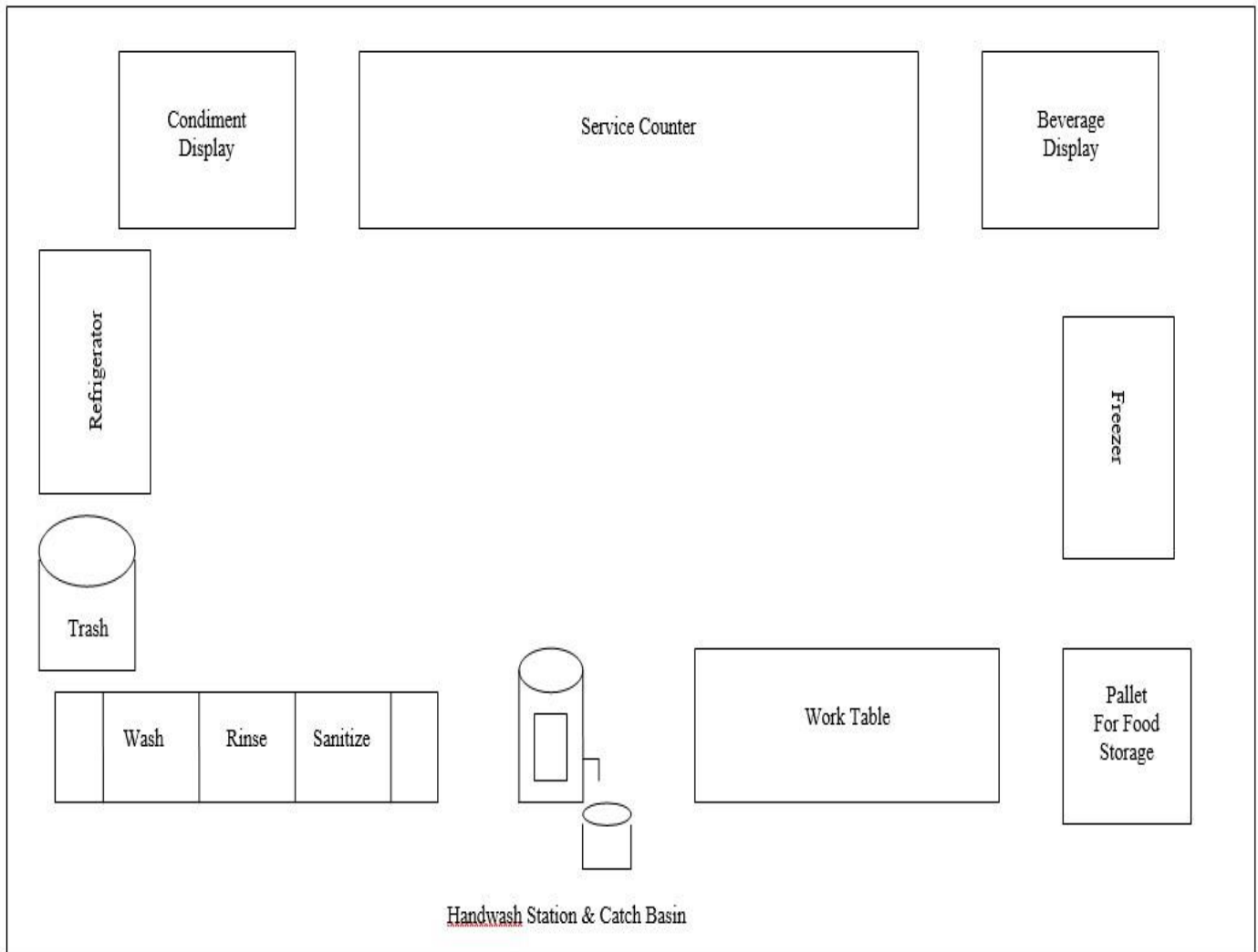
DELAWARE COUNTY HEALTH DEPARTMENT

APPLICATION FOR TEMPORARY FOOD LICENSE

10. Please provide a layout of the Temporary Food Facility, see example below.

All applicants must attach a drawing of how the tent, booth, or mobile truck will be set up for the event. Please include the location of all food equipment, hand washing stations, utensil washing stations, and trash receptacles.

Example Diagram of a Temporary Food Booth
Open Flame Cooking Equipment Should be Placed Outside of the Tent or Building
(not to scale)





DELAWARE COUNTY HEALTH DEPARTMENT

APPLICATION FOR TEMPORARY FOOD LICENSE

11. All Temporary Event Facilities shall have on site during the event:

- **Thermometer**
- **Proper Hair Restraints**
- **CFM onsite**
- **Handwash Station**
- **Proper handling equipment for Ready to Eat Foods.**

12. With this completed application, please submit the following:

- A copy of a current approved Food Safety Manager Certification
- A copy of your Establishment current Food License
- A copy of your current Commissary License
- Fee

Application is hereby made for a certificate of registration for a Temporary Food License. By signing this application, you certify that the facts set forth on this application are true and correct, understanding that the submission of false or misleading information is grounds for suspension or revocation of certificate of registration. Also, the undersigned agrees to operate this Public Bathing Place Facility in compliance with the Delaware County Health Code.

Print Name of owner/authorized agent

Title

Signature of owner/authorized agent

Date

TO BE COMPLETED BY EHS ONLY		
Fee Due:	Payment Method:	Payment Date:
EHS Approval Sign:	EHS Approval Name:	Approval Date: