



Dover Comic Con2017

Dover Library Foundation
PO Box 112
Dover, DE 19903
(302)736-7032

Dover Comic Con2017 Food Vendor Application Packet

Saturday, August 19, 2017

10:00 AM-5:00 PM
Legislative Mall
Martin Luther King Blvd, North
Dover, DE 19901

Rain or Shine Event

The Dover Comic Con is a FREE indoor/outdoor, rain or shine festival with different activities and events.

“A comic book convention, or comic con, is an event with a primary focus on comic books and comic book culture, in which comic book fans gather to meet creators, experts, and each other. It features a wide variety of activities and panels, with attendees often participating in cosplay (costume play). Comic book conventions are also used as a vehicle for publishers, distributors, and retailers to represent their comic related releases.”

Dover Comic Con was first held in 2014; 1,500 people attended. In 2015, 7,500 people attended; and in 2016, 10,000 people attended.

Will you attend in 2017?

Vendor space is limited.

**The deadline for submission of the Food Vendor Application is
June 1, 2017 or until all vendor spaces are filled.**

Please see other side

Food Vendor Regulations

- Food vendors wishing to offer food or refreshment sales at Dover Comic Con 2017 must submit an application with payment in full, prior to the deadline. Applicants will be notified of the receipt of their application and its status.
- Food vendors must have and display all applicable permits including Delaware Health and Social Services permits and Kent County Health Department rules and regulations. Board of Health Certificates must state the **August 19, 2017 date**.
- Food vendors must provide a Certificate of Liability Insurance in the amounts indicated in the attached COI document. Please see attached COI document for required language and certificate holder information.
- All applications must include a list of items for sale.
- An applicant may not submit an application on behalf of another vendor or submit an application under an assumed name.
- Applications are accepted on a first-come, first-served basis. Vendor space is limited. The Comic Con committee aims to provide a variety of food and beverage offerings for festival attendees.

- Food vendor set-up and check-in is from **7:00 AM until 9:30 AM**. Exhibitor vehicles must be off the closed streets by 9:30 AM. Vendors arriving after 9:30 AM will not be allowed entrance. All vendors must be set up by 9:45 AM.
- The event begins at 10:00 AM. Parking for vendor vehicles will be provided. Vehicles are not allowed on Festival grounds.
- Food vendors must be staffed from 10:00 AM until 5:00 PM.
- Vendors may begin tear-down at 5:00 PM. All vendors must vacate the festival site no later than 6:00 PM.

- Assignment of the vendor location is at the sole discretion of the Comic Con committee.
- Power/Water: Vendors are responsible for all power sources, power cords, cord protection, tables, tents, signage, etc. necessary for the successful operation of the business.
- LOUD generators will not be permitted.
- Tents may not be staked into the concrete, pavement and/or grassy areas.
- Only vendors who apply for food or beverages sales may sell or otherwise distribute food, food products or beverages during the festival.
- There is no Electric or Water available.
- Food vendors who are cooking on site must have a fire extinguisher in their booth.
- All vendors shall be responsible for the actions of their employees and/or agents.
- All vendors are responsible for cleaning up their booths at the end of the festival. Vendors shall remove their own trash, including cooking grease, boxes, charcoal, pallets, cinder blocks, etc. The dumping of grease is not permitted.

Please initial that you have read & understand the above & include with completed application:



Dover Comic Con2017
Food Vendor Application Form

(Limited number of spaces available)

Saturday, August 19, 2017

Rain or Shine, No Refunds

Downtown Dover, Delaware

Headquarters: Dover Public Library
35 Loockerman Plaza, Dover, DE 19901

Food Vendor	Total Fee	50% Deposit due by 6/1/17	Balance due by 8/1/17
10x15 space	\$250	\$150	\$100
10x25 space	\$350	\$250	\$100
10x35 space	\$450	\$350	\$100

Make checks payable to: **Dover Library Foundation**

Vendor Contact: _____

Name of Business/Company: _____

Cell phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Describe your menu: _____

Are you a food truck: ____ Yes ____ No If not, what is your set up: _____

Serving side window: ____ Passenger Side ____ Driver Side

What is the size of space you require: ____ 10x15 (\$250)

____ 10x25 (\$350)

____ 10x35 (\$450)

Please see other side

Vendors must be set up between the hours of 7:30 and 9:30 AM. You must be totally set up and ready to do business no later than 9:45 AM. Vendors arriving after 9:30 AM will not be permitted to set up. The event hours are 10:00 AM-5:00 PM. Take down must be completed no later than 6:00 PM. Below are the requirements:

I agree to provide my own vehicle, table, chair, and/or tent necessary to cook/serve my products. The only thing I am renting is space and the ability to sell my product. I understand that it is rain or shine and there is a no-refund policy. No electric is available; generators are permitted as long as they are not too noisy to be a considered a nuisance.

The event producers reserve the right to accept or not accept any applicants for any reason, and reserve the right to move your exhibitor location even on the day of the event, if necessary for the benefit of the event.

The City of Dover, the Dover Public Library, the Dover Library Foundation, participating vendors, as well as all employees, volunteers are not liable for any damage to your merchandise, equipment, vehicle or persons working at your display. By signing below, I agree to these conditions.

My signature on this form binds me to the rules and requirements of this event. I understand that it is rain or shine and there are no refunds.

Your signature: _____

Date: _____

Checklist of forms to be submitted:

Food Vendor Application _____

Food Voucher Program Form _____

Dover Comic Con2017 Food Vendor Application Packet, page 2 _____

Certificate of Insurance _____

Required Health Certificates & Permits _____

Please complete this form and mail with deposit as above or 100% payment to: Dover Library Foundation, PO Box 112, Dover, DE 19903. Once your application is reviewed, we will confirm your acceptance. Note: The space has sold out very early for this event the past two years. We highly suggest completing your paperwork and submitting payment as soon as possible for this popular event.

Make checks payable to: Dover Library Foundation.

Thank you!



Dover Comic Con2017
Food Vendor Participation Form
(Limited number of spaces available)
Saturday, August 19, 2017
Rain or Shine, No Refunds
Downtown Dover, Delaware
Headquarters: Dover Public Library
35 Loockerman Plaza, Dover, DE 19901

Food Voucher Program

As a thank you to the Comic Con2017 staff and volunteers, Comic Con provides a Food Voucher to each staff member and volunteer who works a certain number of hours at the festival. The voucher is valued at \$7.50.

Any cost of a meal or refreshments purchased that exceeds \$7.50 is to be paid by the staff member or volunteer presenting the Voucher.

The Vouchers will name the food vendors that are participating in this program.

At the end of the festival, a representative of the Dover Library Foundation and/or Comic Con2017 will collect these from you and payment will be made to you as reimbursement for the Vouchers you have received.

I would like to participate in the Food Voucher Program: ☐ Yes

☐ No

Vendor Contact: _____

Name of Business/Company: _____

Cell phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Your signature: _____ Date: _____

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/16/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Company		CONTACT NAME: Name	
INSURED Comic Con Vendor Name		PHONE (A/C, No, Ext): Number	FAX (A/C, No):
		E-MAIL ADDRESS: Email Address	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Insurance Company	NAIC # 00000
		INSURER B : Insurance Company	00000
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC OTHER:			TBD	00/00/2017	00/00/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			TBD	00/00/2017	00/00/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE OED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	TBD	00/00/2017	00/00/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Dover and all partners and sponsors, their representatives and successors are Additional Insureds as respects to their interest in the Insureds operations.

Re: Comic Con - August 18 - August 19, 2017

CERTIFICATE HOLDER

CANCELLATION

City of Dover
P.O. Box 475
Dover, DE 19903

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD ESTABLISHMENT (TFE)
APPLICATIONS MUST BE SUBMITTED 10 DAYS PRIOR TO THE EVENT

COMPLETE AND RETURN TO ENVIRONMENTAL HEALTH FIELD SERVICES (EHFS) OFFICE LOCATED IN THE COUNTY IN WHICH THE TEMPORARY FOOD ESTABLISHMENT WILL BE LOCATED

New Castle County EHFS
Chopin Building, Suite 105
258 Chapman Rd
Newark, DE 19702
Phone: 302-283-7110
Fax: 302-283-7111

Kent County EHFS
Thomas Collins Building
540 S. DuPont Hwy, Suite 5
Dover, DE 19901
Phone: 302-744-1220
Fax: 302-739-1957

Sussex County EHFS
Adams State Service Center
544 S. Bedford St.
Georgetown, DE 19947
Phone: 302-515-3302
Fax: 302-515-3301

Name of Event: _____ Date(s) Of Event: _____

Location of Event: _____

Business/Organization Name: _____ Phone: _____

Contact Person: _____ Day Phone: _____ Fax: _____

Contact Person Email: _____

Applicant Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name of Person-in-Charge of this TFE at Event: _____

Proposed Menu: _____

Site of Food Preparation (if other than Event Location): _____

Vendor/Supplier of Foods (Where will Foods be Purchased?): _____

Water Supply (circle one): Public System Bottled

Equipment Used for Transporting Foods to Event: _____

Equipment Used for Cooking Food to Required Temperatures: _____

Equipment Used for Maintaining Cold Food at 41° F or Lower: _____

Equipment Used for Maintaining Hot Food at 135° F or Above: _____

Hand Washing Facilities at EACH Vendor Site (Circle One):

Hand Washing Sink Hand Washing Station Consisting of a Container with Spigot, Catch Bucket, Soap, Paper Towels

Utensil Washing Facilities at Each Vendor Site (Circle One): 3-Compartment Sink 3 Containers Multiples of Utensil(s)

In applying for a Temporary Food Establishment permit, I understand that failure to comply with all food safety requirements may result in the suspension of the permit, at which time all food operations must cease, until corrective action is taken and approved.

Signature and Title of Applicant

Date

<<FOR OFFICIAL USE ONLY>>

Application Approved By: _____ Date: _____ Revised 2/1/16

Approved with Following Revisions: _____