

Fremont Area Chamber of Commerce
PO Box 462, 205 N. Tolford Street
Fremont, IN 46737
260-495-9010
www.fremontchamber.org

February 20, 2015

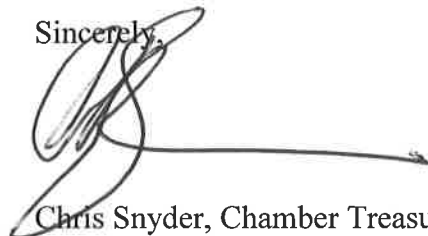
Dear Fremont Area Chamber Members and Supporters:

The busy days of summer are quickly approaching and plans have begun for Music Fest XXI to be held on July 10th and 11th, 2015 in Fremont. Music Fest continues to grow with varied activities that showcase our community and its unique attributes. As you may remember, last year's event drew large crowds to Fremont allowing local businesses valuable exposure to many potential customers. The parade, entertainment, and children's events draw local people along with tourists and visitors to the Fremont area and we strive to put our best foot forward for the community.

Music Fest is sponsored by the Fremont Area Chamber of Commerce and is free to all who attend. We ask our membership and others for financial and volunteer support in sponsoring this event to help defray the costs. We are glad to accept any contribution and several options are highlighted on the enclosed form. If you are unable to offer monetary support, we are always in need of volunteers for planning and working at Music Fest XXI. We appreciate your support in any form possible.

Thank you for your consideration in helping make Music Fest the best ever. We ask that you try and have your sponsorship back to the Chamber by May 30, 2015.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Snyder", with a long horizontal line extending to the right.

Chris Snyder, Chamber Treasurer
Fremont Music Fest Committee

FREMONT AREA CHAMBER OF COMMERCE
FRIENDS OF MUSIC FEST XXI SPONSORSHIP
JULY 10th AND 11TH, 2015

MAIN STAGE SPONSOR - \$500.00 to \$1500.00

Your company's name included in all radio and newspaper advertising, announced during parade and music events, and listed on Music Fest poster

FRIEND OF MUSIC FEST SPONSOR - \$250.00 to \$500.00

Your Company's name announced during parade and music events, listed on Music Fest poster

MUSIC FEST CHAMPION SPONSOR – UP TO \$250.00

Your company's name listed on Music Fest poster

We welcome you to contact the Chamber office at 495-9010 if you have other ideas not included on this form that will meet your needs. You may also call the Fremont Town Hall at 495-2504 and ask for Chris Snyder, if you have questions or comments.

Sponsor Name _____

Contact _____ Phone _____

Address _____

Sponsor Amount _____

Please return form and check payable to "Fremont Area Chamber of Commerce" to:

Fremont Area Chamber of Commerce
Attn: Music Fest Committee – Chris Snyder
P.O. Box 462
Fremont, IN 46737

Thank you very much for your support.

FREMONT AREA CHAMBER OF COMMERCE
PO BOX 462, 205 N. TOLFORD STREET
FREMONT, IN 46737
260-495-9010
www.fremontchamber.org

Music Fest XXI Craft and Vendor Application-2015

Dear Vendors and Friends,

Hello from the Fremont Area Chamber of Commerce!! Once again, we are sending out vendor applications for our Music Fest celebration that will take place on July 10th and July 11th, 2015. The Theme for this year is Music Fest ... "Escape from the Ordinary".

Many of you may be familiar with Music Fest since this will be the 21st year for this event. On Friday night July 10th, Spike and the Bulldogs will perform from 7 pm to 10 pm. The car show will be held in the same area as last year. On Saturday morning, July 11th, we will start off with the pancake and sausage breakfast at the Fremont Fire Station and the downtown parade will begin at 11 am. (we have large crowds for the parade). We will have several music groups perform through Saturday afternoon until dusk.

This application is for both food and craft vendors. However, food vendors will also receive a permit form from the Steuben County Health Department that must be completed. If you have any questions or need more information, please do not hesitate to call **Chris Snyder at 260-495-9010**.

My e-mail contact is fremont.man@townoffremont.org.

----NO REFUNDS WILL BE GIVEN---

Fremont Area Chamber of Commerce, Chris Snyder, PO Box 462, Fremont, IN 46737
Fremont Chamber of Commerce Member and Music Fest Committee 2015

Please return:

Name: _____ Phone: _____
Address: _____

Name of Items you are selling. Size of space needed _____

Food Vendors \$100.00 per day – if you need electricity? _____ Amps? _____

Food Vendors w/o electricity \$80.00 per day

Craft Vendors \$35.00 per day – Friday Night _____ Saturday _____

Make check out to Fremont Music Fest, PO Box 462, Fremont, IN 46737.

Thank you- Chris Snyder 260-495-9010

NO REFUNDS WILL BE GIVEN

STEUBEN COUNTY HEALTH DEPARTMENT

• 317 S. WAYNE ST. • SUITE 3A • ANGOLA, IN 46703 • PHONE: (260) 668-1000 EXT. 1520 • FAX: (260) 665-1418 •
E-MAIL: BGOES@CO.STEUBEN.IN.US

THE UNDERSIGNED HEREBY MAKES APPLICATION TO OPERATE A **TEMPORARY FOOD EVENT** IN STEUBEN COUNTY
PLEASE FILL IN APPLICATION, PRINT OUT, SIGN AND BRING OR MAIL TO THE HEALTH DEPARTMENT AT THE ABOVE ADDRESS

SECTION 1: ESTABLISHMENT GENERAL INFORMATION

EVENT NAME	CONTACT PERSON	CONTACT TELEPHONE		
		()	- -	EXT.
ADDRESS OF EVENT		CITY	STATE	ZIP CODE
				-
BUSINESS VENDOR NAME AND ADDRESS		CITY	STATE	ZIP CODE
				-
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)		FAX		
		()	-	
E-MAIL ADDRESS: FOR UPDATES AND PERMIT RENEWAL NOTIFICATION				

EVENT TYPE	FEE SCHEDULE
<input type="checkbox"/> NOT FOR PROFIT EVENT NON PROFIT ID NUMBER	NO CHARGE
<input type="checkbox"/> FOR PROFIT EVENT	\$10.00 PER DAY (not to exceed \$120.00 for any one continuous event)

SECTION 2: DAYS AND HOURS OF EVENT: PLEASE BE SPECIFIC

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
START TIME							
ENDING TIME							
DATES OF OPERATION	START DATE		END DATE				

SECTION 3: OTHER INFORMATION

WATER SOURCE (NAME AND ADDRESS)	CITY	STATE	ZIP	<input type="checkbox"/> N/A
FRESH WATER TANK CAPACITY	GALLONS			<input type="checkbox"/> N/A
WASTE WATER RETENTION TANK CAPACITY	GALLONS			<input type="checkbox"/> N/A
APPROVED DUMP STATION FOR WASTE PRODUCTS	CITY	STATE	ZIP	<input type="checkbox"/> N/A
POWER SUPPLY	<input type="checkbox"/> GAS	<input type="checkbox"/> ELECTRICAL		<input type="checkbox"/> N/A
POWER SOURCE	<input type="checkbox"/> ON SITE	<input type="checkbox"/> GENERATOR		<input type="checkbox"/> N/A
SMOKING POLICY	<input type="checkbox"/> SMOKING	<input type="checkbox"/> NON SMOKING		<input type="checkbox"/> N/A

STEUBEN COUNTY HEALTH DEPARTMENT

SECTION 4: FOOD PREPARATION (MARK ONE) ON SITE PREPARATION OTHER
Location Where Food is to be Prepared (If Food is Prepared other than On Site, List the Following:

NAME of facility where food is to be prepared		TELEPHONE	
		() -	EXT.
FACILITY ADDRESS		CITY	STATE
			ZIP CODE
CONTACT PERSON		TITLE	FAX
			() -

SECTION 5: PERSONNEL

CERTIFIED FOOD HANDLERS*	APPROVED CERTIFYING AGENCY			EXPIRES	
A.	<input type="checkbox"/> SERVSAFE	<input type="checkbox"/> EXPERIOR	<input type="checkbox"/> NRFSP**		<input type="checkbox"/> EXEMPT
B.	<input type="checkbox"/> SERVSAFE	<input type="checkbox"/> EXPERIOR	<input type="checkbox"/> NRFSP**		
C.	<input type="checkbox"/> SERVSAFE	<input type="checkbox"/> EXPERIOR	<input type="checkbox"/> NRFSP**		

* (TITLE 410 IAC 7-22 effective 01/01/05) ESTABLISHMENTS MUST EMPLOY AT LEAST ONE (1) CERTIFIED FOOD HANDLER UNLESS MENU EXEMPTED
 **NRFSP = NATIONAL REGISTRY OF FOOD SAFETY PROFESSIONALS

*****PLEASE COMPLETE THE THIRD PAGE OF THIS APPLICATION. YOU MUST SUBMIT A COMPLETE MENU IN ORDER FOR YOUR PERMIT TO BE PROCESSED.*****

*****NOTE: PLEASE READ BEFORE PRINTING DOCUMENT AND SIGNING*****

By signing below...I/We agree to abide by all provisions set forth in the Retail Food Establishment Ordinance # 743 of Steuben County, Indiana, and by the provisions set forth by the State of Indiana Retail Food Establishment Sanitation Requirements 410 IAC 7-24.

I/We agree not to display, serve, or sell any items that are not listed in the above menu.

I/We have read the attached page of requirements and agree to abide by them.

I/We understand that this permit is issued only to the person(s) making application and is **NOT TRANSFERABLE**.

I/We attest that all information provided is true and correct.

Signed _____ Title _____ Date _____

***** ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE WITH COMPLETED APPLICATION & PAYMENT *****
 ***** OR YOU MUST PICK UP YOUR NEW PERMIT AT THE HEALTH DEPARTMENT *****

FOR HEALTH DEPARTMENT USE ONLY	LICENSE FEE _____	LATE FEE _____	TOTAL FEE _____
	CASH _____	CHECK # _____ AMOUNT _____	RECEIVED / /
RECEIPT # _____	LICENSE # _____	APPROVED BY: _____	

STEBEN COUNTY HEALTH DEPARTMENT

o 317 SOUTH WAYNE STREET o SUITE 3A o ANGOLA o INDIANA o 46703 o
o TELEPHONE: 260-668-1000 EXT 1500 o FAX: 260-665-1418 o

Non-Profit Organization Menu

Senate Enrolled Act 190 exempts certain non-profit organizations from food law; however, in order to respond quickly and efficiently to any foodborne illness outbreak that may occur at an organized event, the Steuben County Health Department is requesting all exempted non-profit organizations **voluntarily** complete this menu disclosure. If a foodborne illness outbreak were to occur, having this information on file will prove invaluable in investigating the outbreak as efficiently as possible.

DATE _____

NAME OF FAIR/FESTIVAL/EVENT _____

DATE(S) ORGANIZATION SERVING FOOD _____

EVENT LOCATION _____ EVENT COORDINATOR _____

APPLICANT INFORMATION:

NAME OF ORGANIZATION _____

CONTACT NAME FOR ORGANIZATION _____

PHONE NUMBER FOR CONTACT PERSON _____

FOOD PRODUCT INFORMATION:

List all food and beverage items, including ice, to be served by the organization:

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.