



## 2017 TASTE OF BLOOMINGTON RESTAURANT APPLICATION

*Location: Showers Common, 8<sup>th</sup> and Morton St*  
**Saturday, June 17, 2017**

### ELGIBILITY CRITERIA:

- The Applicant must be a restaurant/mobile vendor located and operating in Monroe County, Indiana
- The Applicant must be open to the public
- The Applicant must be in good standing with Taste of Bloomington, Bloomington Independent Restaurant Association, Downtown Bloomington, Inc. and Monroe County Health Department

### MENU CRITERIA:

- **Maximum 3 signature food items** plus optional non-alcoholic drink will be allowed to be sold. (*Monroe County Health Department to approve menu*)
- **Taste portions are encouraged**
- Suggested maximum allowable price for any item served is \$4
- Accept cash for all food and beverage items. (*Taste of Bloomington cannot offer Wi-Fi access to restaurants for payment option*)
- Applicants are encouraged to include a healthy menu item to appeal to the growing number of health-conscious Bloomingtonians (*please list if any items are vegetarian or gluten free*)

### BOOTH:

- Included in the \$325 booth rental fee:
  - (1) One booth space 10' x 10' (*The horizontal perimeter bars are 7 feet from the ground*)
  - (3) Three 8' tables
  - (2) Two 20amp/120v receptacles
  - Booths that use more than 10' x 10' space will be charged a booth fee of \$495

### FOOD TRUCK ALLEY:

- 6 spaces open for mobile vendors on Morton Street between
- Mobile Food Vendors must adhere to the City of Bloomington Mobile Vendor Ordinance
- Generator decibels cannot exceed 70dBA (*subject to testing prior to event*)
- *Spaces DO NOT have access to Electricity*
- Space rental \$495

APPLICATION PROCEDURE:

1. Fill out the following application and return it by May 12, 2017 to:

**Taste of Bloomington**  
**302 S College Ave**  
**Bloomington, IN 47403**

*Or Email Completed Application*

**tasteofbloomingtonrestaurants@gmail.com**

2. Deposit: \$50 nonrefundable deposit must accompany this application. Deposit will be applied to the \$325 booth fee.
3. Taste Committee will confirm acceptance of application and participation on May 15. Incomplete application will not be considered for participation of Taste.
4. Payment: Remainder of booth fee due May 31, 2017.

RESTAURANT RESPONSIBILITIES:

1. Completed Taste of Bloomington and Temporary Retail Food Establishment License
2. Booth Fee \$325 or \$495 for food trucks
3. Food product
4. Beverages may be sold. **NO ALCOHOLIC BEVERAGES**
5. Labor to prepare and serve
6. TOB meeting on Wednesday, June 7, 2017, 3pm. Meeting is mandatory for participation.
7. Serving utensils, paper plates/serving containers, plastic forks, knives, etc.
8. Heavy equipment (i.e. grills, fryers, etc)
9. Hand washing station – Monroe County Health Department **REQUIREMENT**
10. Approved fire extinguisher (Class K) onsite in booth – Homeland Security **REQUIREMENT**
11. Any and all booth decorations, additional signage, menu and pricing
12. Certificate of Insurance naming **BIRA DBA Taste of Bloomington** as an additional insured.

**Applicant Information**

Restaurant Name (for publication): \_\_\_\_\_

Restaurant Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

**Menu Items**

Please list food/beverage items with a brief description. **Final menus due upon application submission. Changes in menu require approval from the Monroe County Health Department.**

1. Item Name: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Price: \_\_\_\_\_

2. Item Name: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Price: \_\_\_\_\_

3. Item Name: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Price: \_\_\_\_\_

**Will your booth have a grill? YES \_\_\_\_\_ NO \_\_\_\_\_**

**Will your booth have a propane fryer? YES \_\_\_\_\_ NO \_\_\_\_\_**

**Electrical**

Please list electrical equipment including volts/amps to be used at Taste of Bloomington. Do not bring additional lighting to conserve electricity for cooking. Please bring special plugs and adapters your equipment requires as well as (1) one extension cord for each piece of equipment to the event site. Please address all technical questions prior to the event with Shawn Trendelman at Cassidy Electric 332.7361 or 322.3690. Each booth is equipped with (2) Two 20amp/120v receptacles.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



**Monroe County Health Department**  
**Taste of Bloomington**  
**Temporary Food License Application**

**Applicant information**

Name of Restaurant: \_\_\_\_\_ Applicant name: \_\_\_\_\_

Name of certified food handler at event: \_\_\_\_\_ Certificate #: \_\_\_\_\_  
*(In accordance with 410 IAC 7-24 each food establishment must employ a certified food handler)*

*The undersigned applies for a license to operate a temporary food service establishment pursuant to retail food establishment sanitation requirements in 410 IAC 7-24. The undersigned certifies receipt of the conditions of the operation, and the establishment will be operated and maintained in accordance with these conditions.*

**Signature of Applicant** \_\_\_\_\_ **Title** \_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS**

**1.) Which food items will be served hot and how will temperature control be maintained at 135°F or above during the event?**

**2.) Which items will be served cold and how will temperature control be maintained at 41 °F or below during the event?**

**3.) Which items are being cooked onsite?**

**4.) Are any hot foods being preparing a day or more in advance of the Taste? YES NO**  
**How will they be cooled? Reheated?**

**Reminders:**

- Those who are working directly with food (dispensing, cooking, assembling, etc) need hair restraints, hats, or sweat bands, gloves and aprons (No bare hand contact)
- **No food preparation is allowed at the event (NO chopping, cutting and mixing).**
- Temperatures should be taken during preparation, prior to leaving the establishment and at the event. Bring your thermometer!

***Booth Placement will be dependent upon Electrical Requirements and Grill/Fryer Usage***

- Applicant Information Complete
- Menu Items Complete
- Grill/Propane Fryer Use Complete
- Electric Complete
- Temporary License Complete
- \$50 Non Refundable Deposit

Please sign below acknowledging all required items are complete and you agree to abide by the terms of this contract.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_