



April 24, 2018

To: Area Food Vendors

From: Freda Jackson, Food Coordinator

RE: Autumn Harvest Festival and Road Kill Cook-off

It is that time of year, once again, to start planning for the 33rd Annual Autumn Harvest Festival and 26th WV Road Kill Cook-off. We are looking forward to very exciting Autumn Harvest Festival and Road Kill Cook-off. With your support, it continues to grow and get better each year.

This year's craft show will be a one-day event on Saturday, September 29, 2018. 111e craft and food booths will be set up on Main Street and along the side streets as well in Marlinton. The streets will be blocked off for the day and the visitors will be able to visit your booth without traffic problems.

The space will be 12' x 12'. You will be responsible for providing your own table, chair and canopy. Spaces with electricity will not be offered. The fee for the space is \$40.00 for the day for non-profit groups. For profit businesses will pay \$65.00 and **must** be a current member of the Pocahontas County Chamber of Commerce. Set-up can begin at 7:00 a.m. and we ask that vehicles be out of the vending area by 8:30 a.m. We would like for you to keep your booth open until 5:00 p.m. to provide for our visitors. We will do our best to accommodate your needs.

Please fill our the enclosed form and mail with a check made payable to the Pocahontas County Chamber of Commerce and send to Pocahontas County Chamber of Commerce, PO Box 272, Marlinton, WV 24954 by August 18, 2018.

If you have any questions, please email requests to Freda Jackson at jacksonf@nationwide.com.

Your participation in the event is key to the success of the festival. We want to say THANK YOU in advance. We look forward to seeing you at this year's Autumn Harvest Festival and Road Kill Cook-off. Enclosed is a WV Dept. of Health application to operate a food establishment. There is also a fee charged by the Health Department for vendors that are for profit. Please call Cindy at the Pocahontas County Health Department to obtain this information at 304-799-4154.

Autumn Harvest Festival
Food Vendor Form
September 29, 2018
9:00 a.m. - 5:00 p.m.
Marlinton, West Virginia

Non-profit food vendors will be located on Main Street in Marlinton, WV
Setup will begin Saturday morning at 7-9 a.m.

Serving time is from 9 a.m. to 5 p.m. Please bring your own tables, chairs, electric cords, etc.
Booth spaces are 12' x 12'.

Registration is \$40.00 per spot for non-profits. For profit groups will pay \$65.00 and they must be a current member of the Chamber of Commerce. Registration is on a first-come first-served basis. Also, for profit food vendors pay a fee to the Pocahontas County Health Department. Call Cindy for this information, (304-799-4154).

Forms will be dated when received. There are approximately 90 spaces for food and crafters.

Type of Food: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature: _____

We ask that you don't sell any items with any reference to "Road Kill Cook-off" ie hats, tee-shirts etc. Please send form and \$40.00 check (non-profit) or (\$65.00 for profit and a current member of the Chamber of Commerce) made out to Pocahontas County Chamber of Commerce and mail to PO Box 272, Marlinton, WV 24954.

You will receive a confirmation letter with more information. If you have additional questions, please call Freda Jackson at 304-799-4530 (work) or 304-799-4235 (home).

Thank you so much for your interest in our festival. We hope you will be able to participate. Call us with any questions.

Sincerely,

Freda Jackson
Food Coordinator



APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

Food Establishment: Name _____ Phone _____ Fax _____

Mailing Address _____

Location _____ Hours of Operation _____

Applicant: Name _____ Age ≥ 18? Yes No Phone _____ Fax _____

Mailing Address _____ Email _____

Permit Holder: Permit to be issued to: Applicant Corporation Partnership Other Legal Entity _____

Ownership: Individual Association Corporation Partnership Other Legal Entity _____

Provide the Name, Title, and Address of each person comprising legal ownership (Owners, Officers, Local Resident Agent, etc).

Person Directly Responsible for Establishment (Manager, Person-In-Charge):

Name _____ Title _____ Phone _____

Mailing Address _____

Immediate Supervisor of Person Directly Responsible (Zone, District, Regional Supervisor):

Name _____ Title _____ Phone _____

Mailing Address _____

Type Establishment: Mobile or Stationary Permanent or Temporary (≤ 14 days)

- Restaurant** - includes fast food, caterer, commissary, concession stand, bed & breakfast inn, camp, feeding site, etc.
- Retail Food Store** - grocery store, convenience store, meat market, etc. Indicate Number of Checkout Stations: _____
- Retail Food Store Specialty Department** - deli, bakery, seafood, etc.
- Institution** - child care center, hospital, jail, nursing home, personal care home, school, etc.
- Bar or Tavern** **Vending Machine(s)** **Food Bank / Food Pantry**

Meals Provided: Breakfast Lunch Dinner Services Provided: Sit Down Take Out Delivery Mail Order

Seating Capacity: _____ Average number of meals served per day: _____

Yes No Serve Highly Susceptible Population (HSP)?

HSP includes: preschool children, child care facilities, immunocompromised or older adults, nursing home or assisted living facilities, hospitals, etc.

Type Operation: Attach sample menu or list menu on reverse. PHF means Potentially Hazardous Food, those requiring temperature controls.

- No PHF** Prepackaged non-PHF only or limited preparation of non-PHF
- Limited** One or two main menu items. Cooking, cooling, reheating limited to 1 or 2 PHF. Limited hot and cold holding of PHF. Limited advanced preparation for next day service. Raw ingredients require minimal assembly. Includes retail food stores, Excluding specialty departments within retail food stores.
- Full** Preparing PHF using two or more of the following steps: cooking, cooling, reheating, hot or cold holding, freezing, or thawing. Extensive handling of raw ingredients. Advanced prep for next day service. Includes specialty departments in retail food stores.

I hereby certify that the above information is accurate. Further, I agree to comply with Legislative Rule 64 CSR 17, Food Establishments, and to allow the regulatory authority access to the establishment and to records as specified in that rule.

Date _____ Signature of Applicant _____

For Health Department Use Only			
Date Received _____	Reviewed By _____	Permit Fee _____	
Permit <input type="checkbox"/> Issued <input type="checkbox"/> Denied	Date _____	Permit No. _____	Comments _____