

SAFE HALLOWEEN 2008

FOOD OR CONCESSION APPLICATION

We wish to participate in the **Safe Halloween 2008** at the Kern County Museum on **Thursday and Friday, October 30th and 31st**, with a food and/or concession booth that will produce revenue. A portion of the gross sales in the amount of 15% shall be paid to the Kern County Museum Foundation or first time vendors pay a fee \$300. **Vendor is required to obtain required health permits.**

GROUP OR ORGANIZATION: _____

HEALTH PERMIT # _____

Person to be contacted regarding this application:

Name _____

Mailing Address _____

Telephone - Work _____ Fax # _____

Cell _____ E-mail address _____

Please give a brief but complete description of booth activity, and attach a sample menu where applicable. _____

WE HEREBY AGREE TO:

Abide by the guidelines set forth by the Safe Halloween Committee. Indemnify and hold harmless the County of Kern, the Kern County Board of Education, the administrative agency, each member of the Kern County Museum Authority Board, Kern County Museum Foundation and members of the Kern County Museum Foundation, and their respective employees, officials, agencies and representatives respecting any and all claims and suits which arise from the operation and activities connected with conducting a Halloween activity on the subject premises during the term of this license.

WE UNDERSTAND:

The Committee does not warrant or represent the activity area to be safe, healthful, or suited to the licensing purpose. The Museum Authority will not be responsible for loss or damage to license's property while at the Kern County Museum. Deviation from the activity describe on this form could cause the Safe Halloween Committee to cancel our participation.

To reserve your station, this application must be completed and returned to the museum by September 12, 2008.

MAIL TO: Kern County Museum Foundation Attn: Penelope Bartenstein
P.O. Box 2213 ~ Bakersfield, CA 93303
661-852-5020 ~ Fax: 661-852-5096
Email: pebartenstein@kern.org or hefowler@kern.org

Signed _____ Title _____

Print Name _____ Date _____